

IDENTIFICATION AND PATTERN OF FACTORS  
INFLUENCING HEALTH CARE LEGISLATION  
IN THE STATE OF TEXAS

---

A DISSERTATION  
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY  
IN THE GRADUATE SCHOOL OF THE  
TEXAS WOMAN'S UNIVERSITY  
COLLEGE OF NURSING

BY

KATHLEEN HULL, R.N., B.S.N., M.S.

---

DENTON, TEXAS

AUGUST 1986

TEXAS WOMAN'S UNIVERSITY  
DENTON, TEXAS

7/10/86

Date

To the Provost of the Graduate School:

I am submitting herewith a dissertation written by Kathleen Hull, entitled " Identification and Pattern of Factors Influencing Health Care Legislation In Texas." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

Patricia N. Mahon

Patricia Mahon, Major Professor

We have read this dissertation and recommend its acceptance:

Virginia A. Smith

Helen A. Bush

George A. Adams

Russell C. Powell

Anne Gudmundson

Accepted

Leslie M. Thompson

Provost of the Graduate School

Copyright © Kathleen Hull, 1986  
All rights reserved

## DEDICATION

This work is dedicated to my family. Your support and love is more valuable to me than any degree of education.

A debt of gratitude must be expressed to the two who were most instrumental in my success. To my mother, Tatsue - you have always been there for me. I will never be able to thank you for everything you've done. I love you.

To my husband, Jim - you have been my guiding light. You led, you pushed, you knew exactly what to do to get me through. I love you for all the eternities.



IDENTIFICATION AND PATTERN OF FACTORS  
INFLUENCING HEALTH CARE LEGISLATION  
IN THE STATE OF TEXAS

KATHLEEN HULL

AUGUST 1986

The qualitative investigation was undertaken to identify and categorize factors influencing the political decision-making process as it related to health care in Texas. Collection of data was accomplished in two phases. Phase One involved personal interviews with members of the Texas Senate. Participants in Phase One ranged in age from 35 to 64 years. Seven participants were Democrats, one was Republican. One participant was female, seven were male. Time served in office by the Senators ranged from 1 year to 20 years. The interviews were conducted in person and an eight-item interview guide was utilized to elicit the data. A verbatim transcript was made of each interview and these transcripts were subjected to semantic content analysis at the manifest level.

Results of the content analysis indicated that five factors were identified by the participants as

influencing health care legislation in Texas. These factors, in order of importance were: Demonstrated Need, Money, Effectiveness of Exponents, Philosophy or Political Ideology, and Party Politics.

Phase Two of the investigation entailed collecting data from 17 Texas Senators who were not interviewed during the first phase of the study. Participants in Phase Two ranged in age from 34 to 64 years. Three participants were Republican, fourteen were Democrats. All participants in Phase Two were male. Length of time in office ranged from 1 to 20 years. Data was gathered in the form of telephone interviews and an interview guide was utilized to elicit the data. Fifty-five percent of the participants in Phase Two concurred with the five factors identified by their colleagues. They also agreed that the rank-order of the factors was correct.

From this research, five factors were identified as having an impact on health care legislation in the state of Texas. A sequence or pattern for these factors was also determined. The factors, in rank order of importance, from most to least important were:

Demonstrated Need, Money, Effectiveness of Exponents,  
Philosophy or Political Ideology, and Party Politics.

## TABLE OF CONTENTS

DEDICATION	. . . . .	iv
ABSTRACT	. . . . .	v
TABLE OF CONTENTS	. . . . .	viii
LIST OF TABLES	. . . . .	xi

### Chapter

1. INTRODUCTION	. . . . .	1
Problem of Study	. . . . .	4
Justification of Problem	. . . . .	5
Assumptions	. . . . .	12
Research Question	. . . . .	12
Definition of Terms	. . . . .	13
Limitations	. . . . .	14
Summary	. . . . .	14
2. REVIEW OF LITERATURE	. . . . .	16
Past Political Contributions	. . . . .	16
Empirical Research	. . . . .	23
Heuristic Political Literature	. . . . .	27
The Seventies	. . . . .	27
The Eighties	. . . . .	30
Recent Legislation in Texas	. . . . .	34
Summary	. . . . .	38
3. PROCEDURE FOR COLLECTION AND TREATMENT OF DATA	. . . . .	40
Setting	. . . . .	42
Population and Sample	. . . . .	42

Protection of Human Subjects . . .	43
Instruments	
Phase I . . . . .	45
Phase II . . . . .	50
Data Collection . . . . .	50
Pilot Study . . . . .	52
Discussion of Findings . . . .	55
Changes as a Result of	
Pilot Investigation . . . . .	57
Treatment of Data . . . . .	58
4. ANALYSIS OF DATA . . . . .	62
Phase I	
Description of Sample . . . .	62
Findings . . . . .	63
Development of Categories . . .	64
Reliability of	
Coding System . . . . .	73
Results . . . . .	73
Verification of Findings . . .	77
Phase II	
Description of Sample . . . .	77
Findings . . . . .	79
Additional Findings . . . . .	81
Summary of Findings . . . . .	94
5. SUMMARY OF THE STUDY . . . . .	96
Summary . . . . .	96
Discussion of Findings . . . . .	99
Conclusions and	
Implications . . . . .	105
Recommendations for	
Further Study . . . . .	107
REFERENCE LIST . . . . .	108
APPENDIX A . . . . .	118
APPENDIX B . . . . .	120

APPENDIX C	. . . . .	122
APPENDIX D	. . . . .	124
APPENDIX E	. . . . .	127
APPENDIX F	. . . . .	129
APPENDIX G	. . . . .	131
APPENDIX H	. . . . .	133
APPENDIX I	. . . . .	137
APPENDIX J	. . . . .	140
APPENDIX K	. . . . .	148

## LIST OF TABLES

Table	Page
1. Pilot Study Demographics . . . . .	53
2. Code for Semantic Content Analysis: Factor Identification . . . . .	72
3. Results of Content Analysis: Identification and Ranking of Factors . . . . .	76
4. Code for Content Analysis: Nursing as a Political Force . . . . .	84
5. Code for Content Analysis: Nursing Lobby's Role . . . . .	87
6. Code for Content Analysis Rx for Increasing Political Power . . . . .	93

## CHAPTER 1

### INTRODUCTION

Nursing is not a political animal. As an organization, nursing has negligible political influence, and the profession's naivete about political process is demonstrable. This unfortunate fact is recognized not only by the profession, but also by those in a position to recognize political savvy. For example, in a recent study of state legislators, Lake (1984) found that 95% of these legislators viewed nursing as having little influence on health care legislation and 78% of the solons rated nursing's impact as poor in comparison to other health-related organizations.

Many ideas have been forwarded as to why nursing has been ineffective as a political force. For some nurses, politics and power imply something Machiavellian (Kalisch & Kalisch, 1976). Politicians have long been thought of as less than ethical. The obvious conclusion then, is that ethical persons, such as nurses, cannot be astute politicians (Gillilan, 1985).



Some authors have suggested that the profession's powerlessness in effecting legislation is a result of the traditional, paternalistic view of nurses and can be traced to the socialization of women in our society (Babbitz, 1979; Kalisch & Kalisch, 1976). Others, taking a stronger, feminist stance, maintained that nurses are an "oppressed" minority group (Ashly, 1980; Chinn & Wheeler, 1985; MacPherson, 1983; Roberts, 1983), and as such, they are by definition, politically powerless.

Garant (1978) observed that nurses have resisted both politics and power (p. 164). In agreement, Caporeal-Katz (1983) explained that 'power' and 'politics' were uncomfortable words for nurses because the professional tradition of nursing emphasized care and selfless service (p. 36). However, the weight of tradition should not cripple the profession. As pointed out by Novello (1976), the reality of political power is a factor with which anyone affiliated with health care must be prepared to deal. The most succinct perspective of the situation was offered by Ashly (1973): "It's not

that nursing lacks power but that nurses . . . have failed to recognize their power to use it to the profession's advantage" (p. 637).

An important measure of power is the degree of participation in the political decision-making process, and the degree of success in this process is dependent on the degree of political sophistication (Novello, 1976; Bowman & Culpepper, 1974). The question for the profession of nursing is then, "How to develop this political 'know-how'?"

A well-known maxim equates knowledge with power, and many authors in the nursing profession concur (Amos, 1985; Beck, 1982; Diers, 1978, 1985; Munn, 1976). Leininger (1978, 1979) clearly delineated that the type of knowledge most needed by the profession was that of politics. One aspect of this knowledge deficit has been in the development of a model which explained the multivariate nature of political decision-making as it related to health care. In order for nursing to enhance its political influence, these multiple factors must be identified and analyzed. "Effective political behavior . . . depends on the situation - the issue at

hand, the cost, the players, the stakes, and the potential gains to be acquired . . . effective political behavior results from careful consideration of the multiple forces in operation" (Ehrat, 1983, p. 29). The present investigation was one avenue utilized to increase nursing's political power by adding to the profession's knowledge base about the political decision-making process.

#### Problem of Study

The problem addressed by the study was two-fold, and is stated as follows: What factors influence the successful passage of health-care legislation at the state level? Do these factors form a discrete pattern?

The study sought to identify the factors which influenced approval of health care legislation in the state of Texas. If factors influencing health care legislation were identified and a pattern discerned, it may enable the nursing profession to knowledgeably participate, and therefore maximally influence the political decision-making process in the future.

Although the study did not involve direct patient care in a clinical setting, the use of a nursing diagnosis statement can be effectively used to illustrate the problem of concern. The two components of a nursing diagnosis, according to Gordon (1976), are the unhealthful response and the etiology. The goal of treatment is to change the response, or prevent a potentially unhealthful response from occurring. The treatment is directed to the problem identified in the etiology. For the present study, the nursing diagnosis statement is described as follows: Ineffective political functioning related to insufficient knowledge about patterns of political process. The goal of treatment would be to improve nursing's function in the political arena by increasing the profession's knowledge base in regard to the political process.

#### Justification of the Problem

According to Leib (1978), Heide wrote that "nurses are homophobic; they do not relate to the politics of change. They do not get involved . . . by not getting involved, we have made a political choice. To choose not be involved is a political choice" (p. 78). By

choosing to be politically uninvolved, nurses consequently choose to remain in a reactionary posture; acting only when acted upon. The profession must begin to realize not only the damage already done by it's lack of political responsibility, but also to understand why nurses need to become more politically astute.

There are three major reasons why nursing needs to develop it's political muscle. The first is to fulfill the role as patient advocate. The American Nurses' Association's Social Policy Statement establishes a contract between nurses and society (American Nurses' Association [ANA], 1980). According to the Statement, the profession has a commitment, not only to identify the problems confronting the current system of health care, but to investigate alternative solutions in order to contribute to the evolution of an improved system of care (Moccia, 1984; "Summary", 1985). The Social Policy Statement further specified the dimensions of professional practice to include the modification of environment in order to promote adaptive responses in

individuals which are health conducive (ANA, 1980, p. 18).

In agreement with the Social Policy Statement, Carnevali (1983) indicated that nursing dealt with the gestalt of daily living and health (p. 10). Carnevali further asserted that nursing care included shaping the environment to enhance the health status of nursing's clients. Shaping the political environment by emerging as a political force is the only way for the profession to guarantee a health care system that emphasizes health maintenance, illness prevention, and environmental safety. By involvement in the political process, nurses increase the resources available to their clients. Mullane (1975), in agreement with this stance, was one of many authors who believed that patient care would improve only when nurses become serious about engaging in politics. Enacting reforms and expanding health care services should be one goal of political activity; legislation which affects nursing practice ultimately affects every recipient who enters the health care system (O'Rourke, 1980). The perspective of nursing management through politics is an essential part of

nursing care as defined in nursing's role as patient advocate.

The second reason for political activism is yet even more crucial for nurses because the viability of nursing as a profession may be at stake. As early as 1982, Mason warned that nurses could find themselves lobbying for a profession no longer in existence (p. 24). What was once the exclusive domain of the nurse is being steadily encroached upon by allied health (Kalisch & Kalisch, 1976). There has been an erosion of nursing's jurisdiction. The erosion comes as a result of sanctioning the enactment of laws which permit auxillary personnel to substitute for nurses; stripped of their appropriate roles, nurses now serve as "managers, messengers, clerks, and surrogates for other health professionals" (Schlotfeldt, 1985, p. 4).

Since not only licensure, but the entire scope of nursing practice is determined by statutory law, the rationale for involvement in the political process is obvious - laws and regulations governing the nursing profession fall under the auspices of the state

legislature (Mason, 1982; McMahon & Westfall 1984). Stricter interpretation of the state nurse practice acts is necessary to prevent further diminution of these responsibilities and professional activities of the nurse.

The issue then, becomes one of survival for nursing. The profession must decide whether it will shape the development of health policy in terms of social and political priorities to include nursing as a major health service. The only other option open to the profession will be to merely wait until others with differing political interests dictate the manner in which health care will be delivered (Laben, 1979).

The relationship between political process, nursing research and theory development is the final reason for the nursing profession to attain political influence. Quoting from an interview with Wolf, "clearly there is a reciprocal relationship between nursing research, theory development and the political process . . . all research and theory development is political. Our interests, ideas and research priorities are cultivated by political influences" (ANS Open Forum, 1980, p. 101).



It is time that research in the field of nursing reflect the profession's commitment to expanding its political horizons. As noted by Greenleaf (1980), most nursing research has focused on the "micro" level of analysis; the nurse-patient interaction, or the metaphysical nature of the client. However, the context within which nurses work; the "macro" level, has yet to be incorporated into the theorizing that guides policy decisions on nursing. This theorizing, according to Greenleaf, is long overdue (p. 35). Wolf (ANS Open Forum, 1980) affirmed this stance and further argued that the context of nursing practice is as important as the content. Emphasis in nursing research and theory development should be placed on political perspectives of health care.

In keeping with the commitment to expand the profession's political horizons, the present investigation was undertaken to identify and classify factors or variables which affect the political process as it relates to health care. Utilizing qualitative methodology (Fox, 1982; Quint, 1967; Stern, 1980, 1985;

Wilson, 1985), the research also sought to discern a relationship or pattern among the identified factors or variables.

Support for utilizing the pattern concept can be found in Kaplan's (1964) discussion of the pattern model of explanation. Kaplan described the model's usefulness by explaining that when one element can be related to other elements in such a way that they constitute a system or pattern, the entire phenomenon can be understood. The nature of the whole pattern can be deduced by knowing some of its component parts. The task for the scientist is to either find or create a suitable pattern. Because the proposed investigation was exploratory in nature, justification for the structure of the research was also found in Kaplan: "The pattern model may more easily fit explanations in the early stages of inquiry" (p. 332).

In summary, the investigation sought to identify and classify factors or variables which influence the political process as it related to health care legislation. The study was also undertaken to determine if a pattern among these variables existed.

### Assumptions

The assumptions pertinent to this investigation included the following:

1. Participants are able to recall the factors affecting the passage of health care legislation.
2. Pertinent variables or factors relating to health care legislation passage can be identified by the participants.
3. An underlying pattern of these factors exists and is discernable.

### Research Question

The following two-fold research question was proposed for this investigation:

1. Which factors will be identified by members of the Texas Senate as influencing the passage of health care legislation in the state of Texas?
2. Once identified, do these factors form a discrete pattern?

### Definition of Terms

For the purposes of this study, the following terms were defined:

1. Factor -- an element, circumstance, occurrence, event or variable which participants identify as having an impact, either positively or negatively, on health care legislation in the state of Texas.

2. Members of the Texas Senate -- elected officials holding the office of Senator in the state of Texas.

3. Health care legislation -- proposed laws or amendments to laws which are concerned with, or relate to, matters dealing with the provision of health care or health care providers.

4. Pattern -- the repetition of a particular sequence of factors. For the purposes of this study, pattern was operationally defined by ranking the order in which the factors were identified by the participants; the factor mentioned first attaining the first rank, etc.

### Limitations

The following limitations may have influenced the conclusions of the study:

1. A small sample size and the sampling technique limit the generalizability of the results.
2. The study participants' ability to recall factors influencing the legislative process may have varied.
3. The use of an audio tape-recorder during Phase I of the research may have inhibited participant responses.

### Summary

Ehrat (1983) wrote that one of the most important political concepts was history (p. 30). Individuals, organizations or institutions function largely on the basis of past experiences. In order to skillfully maneuver in the present, one must have a clear understanding of the past. The identification and analysis of those factors that have influenced health care legislation in the past may enable nurses to determine the viability of future political courses of action.

In the past, nurses were not expected to make decisions outside the duties encompassing nursing itself, and therefore had not cultivated the skills necessary to detect or project trends in health care services. Today, nurses are slowly becoming aware that they have the obligation to participate in the legislative planning of health services, but are still lacking the necessary skills. Developing these skills translates into developing a knowledge base about the political system in order to influence the type of health care available to consumers. Identifying and classifying factors influencing the health care decision-making process was the first step in the attempt to accomplish this goal.

## CHAPTER 2

### LITERATURE REVIEW

Exploration of the literature was undertaken in preparation for this investigation. Four categories emerged as having significance for this research: political contributions made by nurses in the past, empirical research, heuristic political literature in nursing, and finally, a brief overview of recent legislation in the state of Texas.

#### Past Political Contributions

Political activism is not new to the profession of nursing. A search of nursing's history reveals several chapters of significant political contributions made by nurses; some recognized and some not so well-known. Sabin (1981) traced nursing's political activism to the French Revolution. She related the ordeals of a religious order of nurses; the Sisters of Charity at the Hotel Dieu in Paris. Rather than accept the changes brought on by the revolution, or the edicts issued by the new government, members of the order addressed grievances at the National Constituent Assembly. The

Sisters opposed physician control of diets, sought to limit the number of medical students allowed in the hospital, and wanted a limit on the number of patients per bed. When, as a result, authorities wanted the order dismantled, the Sisters not only protested, but they demonstrated what was probably the first example of a nurses coalition; the entire order went to jail to protest one of the Sisters' incarceration.

Apparently, the battles fought by the order of the Sisters of Charity were successful. The order was not disbanded, and in 1851, Florence Nightingale studied nursing with the Sisters in Paris (Nauright, 1984). Nightingale has been extolled as having made an everlasting contribution to mankind (Cook, 1913). Although most well-known for her services rendered at the battlefront hospitals of the Crimea, Nightingale's political accomplishments had far more impact. She was an astute politician and used the power of her social prestige to influence cabinet ministers, commissioners, and other officials, in order to initiate needed reforms (Palmer, 1977). Nightingale actively petitioned for



money to reorganize English hospitals. She secured funds to establish a medical college and the first military hospital (Nauright, 1984). Because of Nightingale, an independent school of nursing was founded, which prepared, for the first time, educated nurses who were not members of a religious order (Elms & Moorehead, 1977).

Meanwhile, in the United States, another nurse, Lillian Wald, organized the first visiting nurse service in 1893. Wald also established the Henry Street Settlement House, a forerunner to today's neighborhood health center (Elms & Moorehead, 1977). Her concern for the welfare of children and child labor laws led her to social and political activism. Wald met with President Theodore Roosevelt to discuss the establishment of a federal agency to manage these concerns; she was responsible for the creation of the United States Children's Bureau (Glass, 1984; Poulin, 1985).

Lavinia Dock was a contemporary of Wald. An example of an outspoken nursing leader, she was active in the women's suffrage movement, and was jailed three times because of her participation in demonstrations of

support for the movement. In 1896, she formed the Nurses Associated Alumnae (which was later to become the American Nurses Association), and was also a founding member of the International Council of Nurses or ICN (Monteiro, 1978).

Dock's political interests were not limited to nursing issues. She supported the Russian revolution and the new Russian state after the overthrow of the Czar. She corresponded frequently with Secretary of State Marshall and protested vigorously when the ICN's invitation to Russian nurses was disallowed due to the Truman Doctrine (Monteiro, 1978).

Margaret Sanger was another nurse who should be recognized for her unpopular political stance in 1916. She widely advocated the use of birth control, and by 1937, had organized the American Birth Control League, which is now known as Planned Parenthood (Elms & Moorehead, 1977).

This review of nursing's past illustrates that there were singular leaders who achieved not only recognition, but desired change in the political arena.

However, history also demonstrates that as a united, organized body, the nursing profession has managed to remain oblivious to social change or has inadvertently sabotaged it's own efforts.

The first historical instance of the nursing profession's refusal to recognize societal changes occurred in 1908 at the ANA convention. A resolution was before the membership to support the women's suffrage movement. The ANA refused to become politically involved and the endorsement was withheld (Monteiro, 1978).

A more recent example of nursing's ineffective political posture or blatant disregard for the control of nursing practice can be found in Texas. In 1976, the University of Texas Board of Regents voted to disband the administrative structure of the schools of nursing which had been under nursing leadership for the last 13 years (Powell, 1976). The Regents' action took six baccalaureate, six masters, and a doctoral nursing program away from nursing educators and placed them into the hands of three physicians and three educational administrators. Not only was nursing not represented on

the Board of Regents, the official publication of the Texas Nurses' Association had no mention of the Regents' decision until April of 1976; one month after the fact ("Regents disband", 1976, April).

Responding to queries as to why the association had not received information prior to the Regent's action, the TNA claimed that the decision had been made precipitously, and with no forewarning, and therefore caught the nurses by surprise. A comment made by a San Antonio journalist succinctly described not only the present situation, but the response of nursing at large, "the surprise is that the nurses were surprised it could happen" ("TNA Sues", 1976, May, p. 6A).

The most current example of the profession's ill-fated attempts to take control of nursing's destiny occurred in 1984. The American Nurses Association (ANA) finally took the long-recommended action to become politically involved in the change process. But in taking this action, the ANA assumed a stance which served to accomplish the opposite purpose for which it was intended. Endorsement of political candidates was

the issue at the ANA House of Delegates convention in 1984, and to this end, two resolutions were presented. The first resolution proposed the endorsement of the Democratic nominee in the current presidential election. The second resolution proposed that the ANA endorse a presidential candidate, prior to the Democratic and Republican national conventions, who had already demonstrated a political record of supporting health care and women's issues.

Neither of these resolutions was adopted. The House of Delegates agreed that an endorsement in the 1984 race would not serve the best interests of the profession, and that when an endorsement was indicated, it should come from N-CAP, nursing's political action committee. The only motion which passed was one which mandated the development of a procedure for the endorsement of a presidential candidate for the 1988 election. However, the Board of Directors of the ANA felt that they knew better than the elected delegates what would be in the best interests of the profession. The Board therefore broke an eighty-eight year old tradition, and publicly endorsed the Mondale-Ferraro

ticket. If the Board of Directors felt that greater dissent, vehement expressions of dissatisfaction, and a widening of the gap between the nursing factions were in the best interests of nursing, then their actions were absolutely correct ("If you want 'Beef'", 1984). If, on the other hand, they felt that this would serve to solidify nursing's political base, they were wrong.

#### Empirical Research

The review of nursing literature uncovered few research studies which were even minimally related to the subject at hand. One investigation, carried out by Moore and Oakley (1983), examined the relationship between attitudes and political participation of nurses. The study was descriptive and correlational in nature, no hypothesis or theoretical rationale was offered. The authors contended that if the relationship between attitudes and political activity of nurses was known, it would suggest strategies for increasing political participation in the future. The researchers found that age, education, professional organization membership, party or political thinking had no significant

relationship to political activity. The authors also identified that the nurses who participated in the study reported a "high level of participation in the political process" (p. 505). However, this high level of participation seemed to be limited to voting on a regular basis.

Archer (1983) used a cross-sectional design and sampled by mailed questionnaire 1,086 nurse administrators. The study was conducted to provide a description of nurse administrators' participation in the political process, and to determine reasons for the nursing profession's overall low participation in policy-making arenas. The study was exploratory and descriptive in nature. Political participation was determined by a 19 item array of political behaviors. Findings indicated that 87% of the respondents were involved in active, long-term political participation. The participation included activities such as serving on local boards or commissions. Even more of the respondents, 94%, indicated they engaged in short-term

political activities such as campaigning, lobbying, or giving testimony on health-related issues.

Respondents were also asked whether they thought nurses, in general, were as active in politics as they should be, and why. Ninety-four percent answered negatively, and of those, 40% felt that nurses were "ill-prepared in terms of knowledge of and skills in political processes or knowledge of issues or both" (p. 71).

Lake (1984) conducted a descriptive study to elicit legislators' opinions on nursing in the state of Wisconsin. Utilizing tape-recorded interviews with members of two legislative committees, Lake discovered that 95% of the participants regarded nursing as having little or no impact on health care legislation. When asked to rate nursing's impact on health care legislation as compared to other health-related organizations, 78% of the participants rated nursing as poor. (A point of interest is that the majority of those legislators rating nursing's influence as poor were Democrats from urban areas). When legislators were asked how nurses could increase their influence in the



legislative process, 83% responded that the education of legislators to the nursing profession's concerns was crucial. A clarification of the multiple roles and functions of the profession was deemed necessary to advance nursing's political influence.

Tangentially related, and included here as an empirical study was a content analysis of doctoral dissertations in nursing over a six year period of time (Loomis, 1985). It is included in this review because Loomis discovered "some obvious omissions in nursing doctoral research" (p. 118). Among these deficits noted were studies related to social issues in nursing; specifically in politics. Out of the 21.6% of the dissertations categorized as dealing with social issues, only 1.2% of these related to politics.

Looking outside the discipline of nursing, a study similar to the present investigation was examined (Kingdon, 1981). The research was designed to explain how Congressmen make their decisions when voting on the floor in the House of Representatives. It was survey in nature, and consisted of interviewing the Congressmen to

discuss the history of a specific decision that s/he had made in the past. The factors which were identified as important in Kingdon's study were the constituency, fellow congressman, party leadership and ranking committee members, interest groups, the administration, and the media.

#### Heuristic Political Literature

The majority of the literature found for this review falls under the category of heuristic political literature. The nature of the literature was informational; providing guidelines, advice or merely exhorting action. This section is divided into two subsections relating to the time frame within which the literature appeared; literature from the seventies, and that written after 1980.

#### The Seventies

Much of the literature about nursing and politics was written during the middle to late seventies. It is difficult to determine whether the profession's interest in politics was a by-product of the bicentennial or if interest was catalyzed by the inception of the women's movement.

Power was an important concept in politics, and as pointed out in the first chapter, many authors lamented the lack of power in the nursing profession (Babbitz, 1979; Ehrenreich, 1978; Kalisch & Kalisch, 1976; Hott, 1976; Lieb, 1978). The philosophy behind many of these writings is best reflected by Ashly (1973), who wrote that the question of why to build power in nursing was more important than how to do it.

Others, taking a different stance, offered guidelines to achieve successful political behavior. Novello (1976) outlined five steps which were intended to help the profession attain power. These steps were to identify the "players", understand ramifications of the issues, learn the art of timing, compromise, and finally, deal from a position of strength (p. 7). Brooten, Hayman, and Naylor (1978) made more practical and implementable suggestions such as introducing topics of current legislation at head nurses' meetings, inservices, and even at shift report. Other proposals called for nurses to insist professional journals

include health policy and legislative analysis (Marciniak, 1979).

It was apparent to several authors that nursing's influence on health care policy was not commensurate with their numbers (Bowman & Culpepper, 1974; Garant, 1978; Mullane, 1976). The theme underlying these writings was that although power resided in numbers, nursing needed to provide a united front. Sheer numbers in membership rolls could be used to influence and garner political power only if these individual members were given a direction, educated about political realities, and encouraged to participate in the political process. If nurses mobilized as a group, they could radically change the picture of health care delivery.

To this end, in 1976, a political action committee, N-CAP was formed. But, as pointed out by Ehrenreich (1978), it was not enough. Although she agreed that nurses must include "political activism and political commitment as a part of the professional definition of nursing", she also maintained that "by political

activism, I mean something broader than lobbying alone" (p. 16).

### The Eighties

A decade later, the profession of nursing is still seeking to find a societal scapegoat upon which to blame nursing's political ills. Chinn and Wheeler (1985) acknowledge that nursing is still notably absent from the women's movement and the authors advocated viewing nursing and nursing theory from a feminist perspective. They agreed with an earlier stance taken by Roberts (1983) that nurses are, in reality, an oppressed group. That is, nurses are controlled by outside forces that have greater prestige, power and status and that exploited the less powerful group (p. 21).

Roberts (1983) drew a parallel between traits exhibited by other oppressed groups, such as Latin Americans, South Africans, American Negroes, women, and nurses. The premise of Roberts' article was that a valuable lesson could be learned by observing leadership of other oppressed groups. Consistent with this premise is that nurses can learn from the experience of others

to "liberate themselves and develop an autonomous profession" (p. 30).

Power is still an issue in the eighties (Goldwater, 1984; Boyle, 1984), and the literature still contains guidelines on furthering nursing practice through political action. However, the reasons for the profession's participation in politics have been brought down from the lofty goals of the seventies to more practical aspects. That is, if nurses don't do it, others with different political interests, will.

Not only are nurses being advised that they have a political responsibility, they are now being informed how to carry out this responsibility (Hunter & Berger, 1984). Knowledge of the actual legislative process; for example, how a bill becomes a law, is being stressed (McMahon & Westfall, 1984). Strategies for lobbying (Goldwater, 1984; Symons, 1984) and groundwork for grassroots movements is also being initiated (Mason, 1982). Mentorship in health policy (Donley, 1983), or finding a political preceptor has also been advocated (Gillilan, 1985). Interdisciplinary cooperation has been addressed as one means of influencing public

policy which has been long overlooked. DeLeon, Kjervik, Kraut, and VandenBos (1985) have called for the establishment of joint task forces to address the mutual issues and interests of the psychology and nursing professions. These authors point out that the two professions are natural allies, and therefore share common concerns regarding clinical and health policy issues. The authors believe that collaborative efforts, especially in the arena of health care policy, would be of benefit to both.

Nursing has focused not only on national health policy (Moccia, 1984), but has undertaken a study of nursing legislation and regulation on a world-wide basis (Holleran, 1985). As an outcome of this study, the ICN has drafted a set of guidelines to assist nursing associations increase their effectiveness in influencing health policy.

Interviews with nurses who have attained political office have appeared frequently in the literature ("ANS Open Forum", 1980; Isaacs, 1980). These interviews stress a broad understanding of policy and politics for

those aspiring to nursing leadership ("Senate Outlook", 1985). An important point made in an interview with Judi Buckalew, Special Assistant to the President, was that nurses need to become involved at the beginning of the policy-making process ("Nurses Now", 1984). Young (1981) also indicated that "nursing's past activities toward policy-making concentrated primarily on the middle stage of legislative decision-making, allowing other groups to exert strong influence in earlier and later stages of the public policy-making process" (p. 607).

A recently published book has compiled these political concerns and incorporated them into a source book for health professionals (Bagwell & Clements, 1985). The book reviews the legislative process with emphasis on the ubiquitous concept of power. Several chapters of the book are dedicated to step-by-step descriptions of testifying, lobbying, and political campaigning. Political action committees, coalitions, and networking are also discussed. The most interesting and innovative aspect of this basic, how-to handbook was the chapter on utilization of the media. Different types of media



exposure, developing a media campaign, and protocols for news conferences provided useful tactical guidance.

#### Recent Legislation in Texas

Recent health-care legislation in the state of Texas will be briefly examined in this section of the literature review. The type of health care legislation passed in Texas is a reflection of the political culture of the state. A strong work ethic, and deep-seated mistrust of governmental social programs have been identified as two components of the Texan political culture (Elazar, 1972). Texas is a predominantly Democratic state; only one Republican governor has been elected to office since the Reconstruction (Inman, 1980). This virtual single party political profile may also have had an impact on the type of health care legislation approved in Texas. Since Texas is heavily dependent on oil revenues, the loss of income to the state coffers as a result of lowered oil prices had an effect on the type of legislation passed. Many appropriations were cut that impacted on the provision of health care and health care providers.

During the 69th Legislative Session, over 400 health care bills were filed. Due to the sheer volume of material, only a few pieces of legislation could be studied. Therefore, three bills with special interest for the nursing profession will be discussed below.

House Bill (HB) 313, introduced by Representative Delco of Austin, was a proposal designed to ease the tight educational budget. It included provisions to raise tuition at state colleges and universities by \$2 per semester credit per year until 1995. HB 313 originally had a clause attached which allowed students currently enrolled to continue at the tuition in effect at the time of matriculation. It also provided a continuance of Section 54.051, subsection K, of the Texas Education Code which granted a special tuition of \$50 per semester for nursing students. Unfortunately, both these provisions were deleted while still in committee, and a clause was added which eliminated the special tuition for nursing students (House Journal, January 29, 1985).

There are two aspects worth noting in regard to this particular piece of legislation. First, the Texas

Nurses Association's (TNA) official publication had no mention of the bill until March, even though the bill was introduced in the first days of the 69th Session of the Texas Legislature ("Bill Would Eliminate", March, 1985). The information is of interest since the TNA had purchased a subscription to a computerized bill-tracking system in January. The computerized system was supposed to provide the association with daily bulletins of legislative activity ("Capitol Capsules", January, 1985).

The other aspect of note in regards to HB 313 is that the TNA refused to take an official position on the issue "given the tight budget faced by the Legislature and the fact that a nursing shortage no longer exists, it appears unlikely that the Legislature would be inclined to continue a low tuition for nursing students" ("Bill Would Eliminate", 1985). The stance taken by the TNA was somewhat surprising in the face of a recommendation made by the TNA's own Blue Ribbon Committee on Education which called for ensuring the

adequacy of educational resources to prepare qualified nurses ("TNA Blue Ribbon", 1985).

House Bill 2091 was the sunset bill for the continuance of the Texas Department of Health (TDH) (House Journal, March 18, 1985). Of concern to nursing were recommendations from the Sunset Commission that the TDH have licensing authority over ambulatory surgical centers, birthing centers, abortion clinics, and hospices. TDH's increasing authority to regulate and license various practice settings is viewed by nursing as a potential territorial dispute as there is concern that professional nursing may soon be regulated by agencies other than the Board of Nurse Examiners ("Capitol Capsules", March, 1985). TDH gained the authority to license dietitians, audiologists, and speech pathologists during the 1983 legislative session.

House Bill 900 was the Impaired Professional Bill which established peer assistance programs for licensed practitioners impaired by mental illness or drug/alcohol dependency (House Journal, February 27, 1985). Passage of this bill was significant since a similar bill died during the 68th Legislature in 1983. The peer

assistance programs will be instituted by the licensing board for that particular profession. These programs provide immunity from civil liability not only to the professional, but to employers of an impaired professional during his/her rehabilitation ("Reviewing", 1985).

#### Summary

This chapter was divided into four sections. The first was a look at nursing's historical political contributions. The historical perspective was included because an examination of the pattern of past events reveals the origins of movements that we participate in today (Nowak, 1984). Nightingale, Dock, and Wald were among the leaders discussed for their political contributions to the profession's early years.

The following section dealt with the few empirical research studies which have been conducted in the political arena. For the most part, these investigations were descriptive in nature and represent a budding interest in the topic of politics and nursing.

The third section was divided into two subsections which encompassed the nursing literature from the seventies and the eighties. The literature reviewed in this section was heuristic in nature and provided an overview of the profession's political sophistication to date.

The final section was a brief overview of recently passed health care legislation in Texas. Emphasis was placed on the impact of the legislation for the nursing profession.

### CHAPTER 3

#### PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The research approach for this two-part investigation can be classified as qualitative (Wilson, 1985). As defined by Wilson, qualitative analysis involves the organization and interpretation of data in order to discover patterns, or themes which may be found in interview transcripts, or open-ended questionnaires (p. 397).

Qualitative research methodology allows a phenomenon to be studied, not in an artificial, laboratory setting, but in the natural socio-historical setting in which it exists or occurs (Tinkle & Beaton, 1983). Qualitative research does not involve a search for cause and effect relationships, but exemplifies a "reverence" for the lived experience (Oiler, 1982). The qualitative research methodology was therefore deemed suitable for the investigation in which factors were identified, and then categorized according to their relative influence on the political decision-making process.

The study sought to identify and categorize factors which influence health care legislation. The study may be classified as descriptive and exploratory as it met the criteria outlined by Wilson (1985) for this type of research. It was an area about which little was known, and the study was intended to gain insight into a particular phenomenon.

Polit and Hungler (1983) provided further clarification by indicating in descriptive research the goal is observation, description and classification. These authors also observed that exploratory research is an extension of descriptive research and that an exploratory investigation is particularly useful when a new area or topic is being investigated.

Collection of the data was accomplished in two phases. Phase I involved personal interviews with the members of the Texas Senate. In this preliminary phase, the factors were identified and categorized using content analysis. Phase II of the research involved a shorter, telephone interview with senators who were not participants in Phase I. The second phase of the



investigation was an attempt to validate the factors and the order of their importance.

#### Setting

The investigation was conducted in the state of Texas. The time and location of the interviews during Phase I were determined by the participants for their convenience. The majority of the interviews took place in the senator's office, either locally or at the state capitol. In Phase II, data was collected by telephone interviews.

#### Population and Sample

The population of participants consisted of elected members of the Texas Senate. During Phase I, data was gathered in the form of tape-recorded interviews from a random sample of eight senators.

A telephone call to the offices of state senators was the procedure used to elicit participants for the first part of the investigation. A brief description of the purpose of the study was given at that time to determine if the prospective participant was interested and available to be interviewed (See Appendix C). If the prospective participant indicated willingness to be

interviewed, a time and location for the interview was arranged for the participant's convenience.

Based on the data gathered from these interviews, the second phase of the investigation was undertaken to determine if the remaining senators concurred with the pattern of factors previously identified by their colleagues. The second phase of the investigation entailed a phone call to the offices of the state senators who were not interviewed previously. A description of the study was given, and the risks and benefits of participation disclosed (Appendix H). Each Senator was also informed that his/her participation would require no more than 5 minutes. If the senator agreed to participate, a short interview questionnaire was utilized to record his/her responses (Appendix I).

#### Protection of Human Subjects

Steps were taken to protect the rights of participants in the study and in order to comply with the current rules and regulations of the Human Subjects Review Committee of Texas Woman's University. A proposal of the study was submitted to the Human

Subjects Review Committee of Texas Woman's University. Written consent of this committee was obtained before participants were approached (Appendix A). Permission to conduct the study was also obtained from the graduate school at Texas Woman's University (Appendix B).

In the first phase of the investigation, prior to beginning the interview, the participant was informed of the risks of participation in the study. Safeguards to prevent the occurrence of these risks as well as benefits of participation were also presented to the participant in the form of an oral script (See Appendix D). The participant was informed of the amount of time required to participate and that s/he could withdraw from the study at any time, without penalty. An opportunity was given for questions. The participant was then asked to sign two consent forms; one indicating that informed consent had been given (Appendix E), and the other, a consent to tape-record the interview (Appendix F).

Since the second phase of the proposed study did not involve a person-to-person contact, but entailed a phone call to gather data, the risks as well as benefits

of participation were explained to participants over the phone (Appendix H). The participant was informed of the amount of time required to participate and that s/he could withdraw from the study at any time, without penalty. An opportunity was given for questions. The participant was then asked if s/he wished to participate. An affirmative answer was taken as an indication of consent.

#### Instruments

##### Phase I

The first phase of the research involved the use of an interview schedule (Appendix G). Data was elicited from the subjects in a face-to-face meeting by asking questions and recording participant responses. The information was gathered during an unstructured interview. The interviews lasted between 10 to 30 minutes and consisted of the open-ended questions designated by the interview questionnaire (See Appendix G), and other questions as was determined by the nature of their responses (Stern, 1985, p. 154).

According to Polit and Hungler (1983), the interviewer's function in this type of unstructured interview is to encourage the participants to talk about the topic of interest and to record their responses (p. 298). The subject was allowed to freely discuss the topic and to take much of the initiative in directing the flow of information. Since the research sought to utilize political experts' experiences in order to identify factors they felt influenced the legislative process, this type of unstructured interview was deemed most appropriate for the investigation. Polit and Hungler provide justification for this stance:

"Unstructured interviews are of greatest utility, from a researcher's point, when a new area of research is being explored" (p. 298).

The interview consisted of open-ended questions; that is, the answers entailed more than a "yes" or "no" response and the subjects responded in their own words. The advantage of this type of interview, according to Shelley (1984), is that the researcher is capable of receiving more in-depth or unexpected responses to questions than are usually forthcoming (p. 270).

The schedule of the interview items began with three demographic or objective questions which were used to ascertain the participants' age, political party affiliation, and years associated with the legislative process (See Appendix G). According to Polit & Hungler (1983), it is psychologically easier to respond to factual questions, and therefore this type of question was well suited for the earlier portion of the interview.

Although the area of the proposed investigation has not been heavily researched, the remaining questions which were included in the interview schedule were drawn from the available literature. For example, the multivariate nature of the political decision-making process has been discussed by several authors (Ehrat, 1983; Kingdon, 1981; Novello, 1976). However, the opinions of those actually in the position to make these decisions have not been fully explored, especially as it relates to health care. Question 4 of the interview questionnaire elicited the factors influencing the Texas legislative process as viewed by members of the Texas Senate.

Question 5 of the interview schedule sought to discover the relationship between party affiliation of the Governor and/or President of the Senate, and the legislative process. Amos (1985), Salisbury (1968), as well as White and Clark (1983), have all addressed the importance of political party leadership in terms of the decision-making process. For example, a stereotype exists of a strong military under a Republican administration, and bountiful health and welfare programs under a Democratic one (Covell, 1980). As an example, the national Republican administration now in office has been observed as remaining true to form in that health and welfare benefits have been reduced by 29% (Pear, 1984; Navarro, 1984). Price (1984) differed somewhat from the aforementioned authors' perspectives in that he described the erosion of the importance of the partisan role, and the decline of party identification and voting along party lines. However, Price also recognized that this decline was showing signs of leveling off, and he forecasted the recovery and renewal of strengthened parties (pp. 297-301).

Amos (1985) wrote that the lobbying efforts of professional organizations were a primary force in determining the issues which shape political decision-making. Opinions about nursing's lobby have varied considerably; from favorable notice of effective performance at the Congressional level (Pressman, 1984; Solomon, 1984), to poor ratings at the state level (Lake, 1984). It would therefore be important to determine the role played by nursing's lobby as viewed by Texas Legislators. Questions 6 and 7 addressed the impact of the nursing profession and its lobby.

Many authors have suggested strategies to increase nursing's political presence (Bagwell & Clements, 1985; Diers, 1985; McMahon & Westfall, 1984). These proposals ranged from the need for nurses to be involved at the grassroots level of political participation, to changing nursing curriculum to include courses in legislative process and health-care policy. For the purposes of the current investigation, it was important to determine if those holding public office concurred with these suggestions or if they held differing opinions. Question 8 elicited this information.



## Phase II

The second phase of the investigation also entailed the use of an interview questionnaire (Appendix I). This questionnaire was based on the results of the earlier, in-depth interviews conducted for the first part of the study. The participants in the second phase of the investigation were asked if they concurred with the factors identified by their colleagues, and the order of importance of these factors. The participants were also asked if they could identify other factors which had not already been mentioned. This interview was conducted over the telephone and lasted approximately 5 minutes.

### Data Collection

To obtain participants for the first phase of the proposed investigation, the researcher elicited prospective participants by a telephone call to the offices of state senators. At this time, a brief description of the purpose of the study was given (Appendix C). If signifying interest, a time to meet for the face-to-face interview was determined. At this meeting, prior to any data gathering, the participant

was informed of the risks of participation in the investigation (Appendix D). If the prospective participant wished to continue, two consent forms were signed; one indicating informed consent (Appendix E), and one indicating consent to tape-record the interview (Appendix F). After consent forms were signed, the researcher began taping the interview. The interview questionnaire was utilized as a guide (Appendix G). Other questions were often asked as determined by the nature of the participants' responses, in order to clarify the response or to gather more in-depth information. At the conclusion of the interview, the researcher thanked the legislator for participating in the study. The legislator was informed that a follow-up phone call would be made after the transcript was analyzed in order to verify the identified factors in the interview.

Participants for the second phase of the investigation were obtained by a phone call to the offices of the state senators who were not utilized in the first phase of the study. A brief description of the study was given and the time necessary for

participation disclosed (Appendix H). If the prospective participant agreed to participate, his/her responses to the questionnaire were recorded on the questionnaire/checklist form (Appendix I).

#### Pilot Study

A pilot study was undertaken in the Spring of 1985 to determine if the desired sample could be obtained, and if the methodology proposed would be feasible. The pilot study will be briefly discussed in this section. Further details of the pilot study, and verbatim examples of participant responses can be found in Appendix J.

Six participants for the pilot study were obtained. The demographics for the participants are found in Table 1. Only two of the participants were members of the Texas legislature. Others were chosen for availability, and for a history of affiliation with politics. In the table, they are identified by politically pertinent occupation, gender, political party affiliation, and the number of years they were affiliated with the political process.

Besides demographic data, the participants were asked three general questions in the tape-recorded interview. The first question asked was, "In your experience, what factors are associated with passage of legislation pertaining to health care in the state of Texas?"

Table 1

Pilot Study Demographics

	Gender	Party	Years affiliated affiliation with politics
University President	F	D	35
Former Texas Rep.	M	D	22
Current Texas Rep.	M	D	10
TNA lobbyist	M	D	12
TNA Governmental Affairs committee member	F	D	8
State Senator's health aide	M	R	5

The data from the pilot study indicated that there were five factors consistently identified as affecting the successful passage of health care legislation in the state of Texas. These factors, rank-ordered from highest in importance to lowest in importance were: Economics, Good Ole Boy Syndrome, Worthy Opponents, Power, and Gallup Effect.

The detailed results of the data analysis are presented in Appendix J. Empirical justification sifted out of the data is provided as illustration for each of these categories.

The participants were asked a second question in the interviews conducted for the pilot study, and these responses are discussed in this section. The question was, "Do you think that nursing is recognized as a political force, and why?" The unanimous answer to first part of the question, as can be surmised, was "No". The second part of the question elicited responses which identified four factors. The primary ranking factor was Chauvinism, followed closely by Infighting. The third factor was Nearsightedness, and

the lowest ranked factor was Lack of Knowledge. (See Appendix J for verbatim responses).

Finally, the last question to be discussed in this report of the pilot study findings was one that asked the participants, "What remedies are available for nursing to assume a more politically powerful position?" Most answers merely suggested "fixing" problems which were identified earlier. For instance, incorporating into the nursing curriculum coursework about the legislative process, etc. However, several participants identified one predominant factor: Coalitions.

#### Discussion of findings from pilot study

The pilot study had two purposes. The first purpose was to determine if the population, as defined, was accessible, and if they would be willing to participate. Due to the time frame in which the study occurred, it was difficult to obtain the desired participation from current Texas legislators or their health aides. Many had time constraints because the legislature was in session. Since the Texas legislature meets biennially, in order to obtain these identified participants, the study would have to be undertaken in

an "off" year. This was taken into consideration, and the data collection for the current investigation took place after summer adjournment of the 69th Legislature in 1985.

The pilot study also sought to discover if certain factors would be identified as having an impact on the successful passage of health-care legislation in the state of Texas. Five unique factors were identified in the pilot study. The two factors deemed most important were Economics and The Good Ole Boy Syndrome. Next in ranking came Worthy Opponents, and Gallup Effect, and last in the ranking was the factor identified as Power.

It is of interest to note that many of the factors which were mentioned in Kingdon's (1981) study, (such as the media, party leadership, and administration) did not appear in the current research. However, one explanation for this divergent finding may be due to the sample size utilized in the pilot study.

From the data gathered in the pilot study, three broad generalizations can be derived. The first of these is that an identifiable pattern of events exists

which, when present, favor the passage of health care legislation. The pilot study revealed that those in positions affiliated with politics are able to identify various factors which may influence legislation. There were some differences regarding the importance of certain factors, but for the most part, there seemed to be a consensus among the participants as to which factors were the most and least significant.

The second generalization is "who you know" can be more important to passing legislation than public opinion. The final generalization is that a predominantly male organization or lobby will have less difficulty in influencing legislation than one that is predominantly female.

#### Changes as a result of pilot investigation

Three procedural changes were incorporated into the research design as a result of the pilot investigation. The first of these refinements in the research protocol was to monitor the time accorded to each interview for a maximum of 30 minutes. In those interviews which lasted longer than 30 minutes, no new or significant data



resulted in the qualitative analysis of the additional time.

The second modification in the research procedure was an attempt to increase reliability by verifying the identified factors in each interview with the source participant. This was accomplished by a follow-up telephone call to each of the participants in Phase I after the qualitative content analysis of his/her interview. A test-retest procedure was also employed to verify the accuracy of the findings (Stern, 1985). This was accomplished as the second phase of the investigation and involved asking new study participants if they concurred with the factors identified previously by other study participants. Lastly, also in an effort to increase reliability, the third procedural change was to use only elected members of the Texas Senate, instead of utilizing both Houses and/or legislative health aides.

#### Treatment of Data

The tape-recorded interviews were analyzed by content analysis. Fox (1982) defined content analysis as "a procedure for the categorization of verbal or

behavioral data, for purposes of classification" (p. 391). The content analysis accomplished for the investigation was at the manifest level. That is, it entailed analyzing what the respondent actually said. The treatment of data can also be described as a semantic content analysis since it involved developing a set of categories which represented the specific dimensions of the actual content of the responses (Fox, p. 399).

The procedure for content analysis outlined by Fox (1982), and Wilson (1985) was utilized in the investigation. The first of these procedural steps entailed determining the unit of analysis. The unit of analysis can be entire sentences, phrases or separate words. The unit of analysis may change during the course of the content analysis if it is felt that more in-depth information can be obtained by doing so (Fox. 1982). The unit of analysis in the present investigation was sentences.

The second step in the content analysis was the development of categories. Although categories may be

borrowed from existing theory, in the case of the present investigation, the categories were developed based on themes appearing in the data. The "unfolding tributary method" advocated by Wilson (1985, p. 410) was used to generate the categories for this study. The method systematically proceeded from major categories to more specific categories. The process was conceptualized as a decision tree; with branches evolving until the degree of precision desired was obtained.

The categories were mutually exclusive so that each response was classified in only one category. Inclusiveness was the other criterion for the development of the categories; every response was categorized.

The final stage of the content analysis was developing the rationale to guide placement of the responses into the categories. Fox (1982) explained that this was a trial-and-error process. The placement of the data into categories required that a judgement be made for every response or unit of analysis. To standardize the application of categories, the

researcher defined a set of guidelines to be used when doing the content analysis. Based on these guidelines, a unique number was assigned to each category and subcategory to facilitate the analysis. A three digit numerical code resulted, and this code was used to categorize each unit of analysis.

To increase reliability of the categorization code used to analyze the data, three independent judges were asked to classify responses taken from the actual data (Appendix K). Fox (1982) suggested that reliability in content analysis can be estimated by computing the percentage of agreement when independent coders classify the same material. To be considered sufficiently reliable for use in research, Fox asserted that at least 85 to 90 percent agreement between coders is needed (p. 408).

The data resulting from the investigation was nominal or ordinal in nature. Therefore descriptive statistics such as range, mode, and frequency distribution were also used to further analyze the data.

## CHAPTER FOUR

### ANALYSIS OF DATA

The results of a two-part investigation designed to identify and classify factors influencing health care legislation in the state of Texas are presented in this chapter. The findings are described in terms of each phase of the research. Phase I of the investigation sought to first identify, and then categorize the factors influencing the decision-making process. In Phase II, validation of the factors and their pattern or order of significance was accomplished. The investigation was qualitative in nature and employed the use of content analysis to analyze the data.

#### Phase I

##### Description of Sample

Phase I of the investigation entailed a sample of eight randomly selected Texas Senators. As a means of determining characteristics of the sample, demographic data about gender, age, party affiliation, and years affiliated with the political process were obtained. The participants ranged in age from 35 to 64 years; the

mean age was 49.5 years. Seven of the participants were male, one was female. One participant belonged to the Republican party, seven belonged to the Democratic party. The participants' varied in length of time in office as Senator; from freshman Senator in first session, to a veteran of 19 years. The average term of office served in the Senate was 8 years.

All participants reported an affiliation with the political process prior to holding the office of Senator. Range of time of this affiliation was from 6 years to 30 years. The type of affiliation or association with the political process varied from serving as congressional aide, to functioning as mayor pro-tempore, to serving in the capacity of lobbyist. Six of the eight senators interviewed had served terms in the House of Representatives prior to holding senatorial office.

### Findings

Data was gathered for Phase I of the investigation in the form of interviews. The interviews were conducted in person and were audio tape-recorded. These

interviews were semi-structured, and an eight-item interview guide was utilized to elicit the data. A verbatim transcription was made of each interview, and these transcripts were subjected to a content analysis procedure (Fox, 1982) for classification and categorization of the data.

The content analysis was accomplished at the manifest level, as it involved analyzing what the respondent actually said. The treatment of the data can be further described as a semantic content analysis since it involved developing a set of categories which reflected the specific dimensions of the actual content of the responses; the categories were developed based on themes appearing in the data (Fox, p. 399). Major categories were identified and specific subcategories were systematically generated from these major categories. The unit of analysis was sentences.

#### Development of Categories

As described above, the categories for the content analysis were developed based on themes which appeared in the data. Major categories were identified and specific sub-categories were generated systematically

from these major categories. Sometimes referred to as the "unfolding tributary method" (Wilson, 1985), the process was conceptualized as a decision tree; with branches evolving until the degree of precision desired was obtained. The categories were mutually exclusive so that each response was placed in only one category. The placement of data into these categories was standardized by developing a set of guidelines or criteria. Based on these criteria, a unique number was assigned to each category and sub-category to facilitate the analysis. A three-digit code was the result, and this code was used to categorize each unit of analysis. The categories and the coding process utilized to analyze the data are discussed below, and can be found in tabular form in Table 2.

To determine the factors influencing the political decision-making process and the sequence or pattern of occurrence, participant responses taken from the interviews were categorized using the three-digit code. The first digit of the code signified the relative importance of the factor and was the designation of the



rank ordering. The code followed logical numerical sequence. The second digit of the code denoted the general area of the identified factor; it allowed the factor to be named. The third digit of the code allowed further narrowing of the category in order to reflect a more specific area; a sub-category. In cases where no specifics were mentioned by the participant in the response, a sub-category could not be assigned and a numerical zero was used as the third digit. Criteria for assignment to the specific categories are given below.

Criteria for placement in first digit category:

Relative importance of the factor ranked in order of mention by participants.

1. Participant states this is the most important factor. If no indication of rank order given by participant, then assign this number to the first factor mentioned by participant.

2. Participant states this is the second factor in order of importance. If no indication of rank order given by participant, then assign this number to the second factor mentioned by the participant.

3. Participant states this is the third factor in order of importance. If no indication of rank order given by participant, then assign this number to the third factor mentioned.

4. Participant states this is the fourth factor in order of importance. If no indication of rank order given by participant, then assign this number to the fourth factor mentioned.

5. Participant states this is the fifth factor in order of importance. If no indication of rank order given by participant, then assign this number to the fifth factor mentioned.

Criteria for placement in second digit category:

Identification of general area of factors.

1. Demonstrated need - response contains reference to need, responsibilities, or documentation of need.

\* No Subcategory - Third Digit = 0 \*

2. Effectiveness of exponents - response contains reference to the influence of others who are outside the actual decision-making process; those not holding office within the legislature.

Criteria for placement in third digit

Subcategory (SC): Specific area

- SC1. Paid lobbyist - response contains reference to serving as lobbyist in a professional capacity, or receiving monetary compensation for lobbying services.
- SC2. Personal contact - response contains reference to an individual, or individuals who are not professional lobbyists or to those who are not affiliated with a paid lobby.
- SC3. Coalition - response contains reference to organized groups of individuals who are not affiliated with a paid lobby; such as advocate groups.
- SC4. Mixed - response contains reference to more than one of the above specific subcategory areas.

3. Money - Response contains reference to funds or availability of funding, economics, costs, budget, or spending.

\* No Subcategory - Third Digit = 0 \*

4. Vote-trading - response contains reference to exchanging votes or favors, making deals.

Criteria for placement in third digit

Subcategory (SC): Specific area

SC1. Very prominent - response contains reference to vote-trading as a usual event, or as a common, or typical occurrence.

SC2. Not very prominent - response contains reference to vote-trading as an unusual occurrence, an uncommon occurrence, or as non-existent.

5. Philosophical attitude - response contains reference to political ideology, frame of reference, or to beliefs about the role of government in terms of health care.

Criteria for placement in third digit

Subcategory (SC): Specific area

SC1. Pro-social programs - response contains reference to a favorable attitude toward health and/or welfare programs.

SC2. Anti-social programs - response contains reference to an unfavorable attitude towards health and/or welfare programs.

6. Party affiliation - response contains reference to partisanship, voting along party lines, or to either the Republican or Democratic party.

Criteria for placement in third digit

Subcategory (SC): Specific area

SC1. Important

SC2. Unimportant

7. Legislation being considered - response contains reference to a bill or pending legislation; either specifically, or in general.

Criteria for placement in third digit

Subcategory (SC): Specific area

- SC1. Author - response contains reference to the sponsor of legislation, or to someone who "carrys" legislation.
- SC2. Legislation Itself - response contains reference to the nature of the legislation, or the type of the legislation.
- SC3. Maturity of the bill - response contains reference to the novelty of the idea behind the legislation, or reference to how many times the legislation has come before the general session for a vote.
- SC4. Federal mandates - response indicates the legislation was required by federal law.

Table 2

Code for semantic content analysis:Factor identification and ranking

<u>First digit: Rank order of factor</u>	
1 = Most important factor	
2 = Second most important factor	
3 = Third most important factor	
4 = Fourth most important factor	
5 = Fifth most important factor	
<u>Second digit: General area</u>	<u>Third digit: Specific area</u>
1 = Demonstrated Need	
2 = Effectiveness of Exponents	1 = paid lobbyists
	2 = personal contacts
	3 = coalitions
	4 = mixed
3 = Money	
4 = Vote Trading	
	1 = very prominent
	2 = not very prominent
5 = Philosophical Attitude	
	1 = Pro-social programs
	2 = Anti-social programs
6 = Party Affiliation	
	1 = Important
	2 = Unimportant
7 = Legislation	
	1 = Author
	2 = Nature of legislation
	3 = Maturity of bill
	4 = Federal mandates

#### Reliability of the coding system.

To determine the reliability of the above categorization criteria and coding system, three independent judges were asked to code a sample of 30 responses taken from the actual data. The judges were also invited to make suggestions to add clarity to the categorization criteria. Selected because of their background or experience in politics, two of the judges were doctorally prepared nurses. The third judge, also doctorally prepared, was utilized due to his familiarity with content analysis procedures.

The reliability of the coding schema was estimated by computing the percentage of agreement. Fox (1982) asserted between 85 and 90% agreement between judges was necessary in order for the code to be considered sufficiently reliable for research. The percentage of agreement obtained for this coding system was 86.3%.

#### Results

After content analysis of the eight interviews, five factors were identified by the participants as having an influence on health care legislation. These



factors, in order of importance were Demonstrated Need, Money, Effectiveness of Exponents, Philosophy, and Party Politics. The results of the content analysis are discussed below and are also presented in Table 3.

The content analysis indicated that demonstrated need was ranked as the most important factor by the majority of the senators; five participants of the eight interviewed ranked demonstrated need as having the greatest impact on the successful passage of health care legislation in Texas. Two senators indicated that Effectiveness of the Exponents was of primary importance. Only one senator ranked Money as the most important factor.

The second-most important factor in terms of its impact on health care legislation was Money. Fifty percent of the Senators interviewed ranked Money in the number two position. The other four participants were quite diverse in their opinions for the second rank. Effectiveness of the Exponents, Philosophy, Party Politics and Legislation Itself, were each considered second in importance in terms of influencing health care legislation.

Effectiveness of the Exponents was determined third in ranked importance by a majority of five senators. One senator felt that Money was the third factor in importance. Another designated Legislation Itself as the third factor. (One participant identified only two factors as having an influence on health care legislation, so did not contribute to the identification or ranking of the third factor).

Only six of the eight senators interviewed identified four or more factors influencing health care legislation. Philosophy, or Political Ideology was ranked fourth by three of the six senators. Two of the participants felt that Legislation Itself was the fourth factor, and one Senator felt that Party Politics was fourth in importance.

Of the eight participants, only two were able to identify a total of five factors which influenced the decision-making process as it related to health-care legislation. Both of these senators ranked Party Politics fifth.

Table 3

Results of content analysis:

Identification and ranking of factors

		<u>F a c t o r s</u>					
		<u>Need</u>	<u>Money</u>	<u>Exponents</u>	<u>Philosophy</u>	<u>Party</u>	<u>Legislation</u>
<u>Factor</u>	<u>Rank</u>						
Distribution of Senators	1	5	1	2	0	0	0
Distribution of Senators	2	0	4	1	1	1	1
Distribution of Senators	3	0	1	5	0	0	1
Distribution of Senators	4	0	0	0	3	1	2
Distribution of Senators	5	0	0	0	0	2	0

### Verification of findings

The last step of Phase I entailed a follow-up to verify the factors and the order of importance with the source-participant. Each of the eight senators interviewed during Phase I was contacted again and results of the content analysis presented to her/him. The participants were then asked if they concurred with the analysis of their own interview.

From this follow-up, it was determined that the senators felt the content analysis of their interviews and the resulting pattern of factors was accurate. Only one senator disagreed with the order of the identified factors from his interview. However, the reordering of factors to correct the discrepancy did not affect the overall ranking of the factors in the final content analysis.

### Phase II

#### Description of Sample

Phase II of the investigation entailed collecting data from the members of the Senate who were not interviewed during the first phase of the study. Of the 23 Senators contacted, 17 agreed to participate.

Characteristics of the sample, such as demographic data about gender, age, party affiliation, and years affiliated with the political process were obtained.

The participants in Phase II of the investigation ranged in age from 34 to 64 years; the mean age was 46 years. All of the participants in Phase II were male. Fourteen of the participants belonged to the Democratic party, three of the participants were Republican.

Participants' length of time in office as Senator greatly varied; ranging from a freshman Senator in first session, to one who had been a Senator for 20 years. The average term of office served in the Senate was 6.7 years.

All but one of the participants reported an association with the political process prior to holding the office of Senator. These participants had been affiliated with politics in the capacity of city commissioner, district attorney, administrative assistant to the Governor, and congressional aide.

Sixty percent of the senators interviewed during Phase II of the investigation had served in the House of

Representatives prior to holding office in the Senate. Time served in the House by the participants ranged from 2 years to 12 years, with the average time in the House of 7.9 years.

### Findings

Data was gathered for Phase II of the investigation in the form of telephone interviews. A short interview guide was utilized to elicit the data. This guide was based on data gathered during Phase I of the investigation. The participants were informed of the factors identified by their colleagues in the Senate, and then asked if they concurred with these factors. The senators were also questioned about the rank-ordering of the factors. Finally, the participants were asked if they could identify other factors influencing health care legislation that needed to be included on the list.

The majority of the senators interviewed concurred with their colleagues in terms of the factors and the rank-ordering. Fifty-three percent of the participants in Phase II agreed that the five factors identified did influence the successful passage of health care

legislation in the Texas Senate, and that the relative order of each factor in relation to the others was correct.

Among those who disagreed with the rank ordering were five senators who felt Effectiveness of the Exponents to be of greater importance than their colleagues in Phase I had indicated. Two Senators specified that Effectiveness of the Exponents was the most important factor, while three others ranked Exponents as the second most important factor; following Demonstrated Need, and before Money.

Of those participants who felt that one or more of the factors were incorrect, thirty-eight percent specified that Party Politics should be deleted from the list of factors. One senator indicated that none of the factors mentioned had an impact on health care legislation. According to this senator, the only factor important to health care legislation in Texas was the Lt. Governor's wife. Other factors identified by the participants in Phase II of the investigation were: Rural/Urban Relationship, Geographic Distribution of

Resources, Effectiveness of Alternative Health Care Providers, and Access to Health Care Facilities.

#### Additional Findings

In addition to identifying factors influencing health care legislation in Texas, participants in Phase I were asked about their perceptions of the nursing profession as a political force, and the effectiveness of the nursing lobby. Recommendations for increasing nursing's political power were also obtained. These additional findings are discussed in this section.

To determine if the nursing profession was recognized as a political force, the verbatim interviews were subjected to content analysis similar to the procedures discussed earlier in this chapter. The unit of analysis was phrases. The responses were classified based on a two digit code. The first digit of the code indicated the political standing of the nursing profession as viewed by the senators. The second digit of the code provided the specifics given to justify the position taken. In cases where no specifics were mentioned in the response, a numerical zero was used as the second digit. Criteria for assignment to the



specific categories are given below, and can be found in tabular form in Table 4.

Criteria for Placement in First Digit Category

1. Strong force - response contains statements, perceptions, or feeling tone which can only be interpreted as positive; portraying nursing in a positive manner.

2. Weak force - response contains statements, perceptions, or feeling tone which can only be interpreted as negative; portraying nursing in a negative manner.

3. Mixed - response contains both positive and negative statements, perceptions, or feeling tone; portraying nursing in an equivocal manner.

4. No opinion - response contains ambiguous statements, perceptions, or feeling tone which cannot be classified as either positive or negative. Use this category if participant states no opinion.

Criteria for placement in second digit category

1. Knowledge about the political process - response contains reference to education or learning in regards to politics, or reference to political savvy.
2. Power in numbers - response contains reference to numbers of members or nurses belonging to the professional organization, or reference to numbers being commensurate with power.
3. Issue Awareness - response contains reference to the recognition of issues, either within the profession or outside the profession.
0. No specifics offered in response.

Table 4

Code for content analysis:Nursing as a political force

---

## First Digit: Political Standing

- 1 = Strong Force
- 2 = Weak Force
- 3 = Mixed Reaction
- 4 = No Opinion

## Second Digit: Specific area

- 1 = Knowledge about Political Process
  - 2 = Power in Numbers
  - 3 = Issue Awareness
  - 0 = No specifics available
- 

Results of the content analysis indicated that three senators saw the nursing profession in a mixed light in terms of political standing. Their responses contained both positive and negative perceptions of nursing as a political force. From the type of

responses given, the nursing profession appears to be recognized as possessing the potential to become a powerful political entity. These senators indicated that the reason the profession had not yet fulfilled its potential was that the profession was not fully cognizant of most political issues.

Two senators evaluated the profession as a weak force. One felt that the profession lacked knowledge about the machinations of political decision-making. The other indicated there were not enough nurses who were politically active. Two senators offered no opinion on the profession's political standing, and only one senator out of the eight interviewed evaluated the profession of nursing as a powerful political entity.

To determine the senators' perceptions of the nursing lobby's role in health care legislation, the interview responses were again subjected to content analysis, and categorized using a three digit code. The first digit of the code indicated the impact of the nursing lobby as evaluated by the participants. The second digit specified whether the evaluation reflected forces found within nursing or outside the nursing

profession. The third digit was used to identify the forces. Criteria for assignment to the specific categories are given below, and can be found in tabular form in Table 5.

Criteria for placement in first digit category

1. Positive - response contains statements, perceptions, or feeling tone which can only be interpreted as positive; portraying nursing in a positive manner.
2. Negative - response contains statements, perceptions, or feeling tone which can only be interpreted as negative; portraying nursing in a negative manner.
3. Mixed - response contains both positive and negative statements, perceptions, or feeling tone; portraying nursing in an equivocal manner.
4. No opinion - Participant states no opinion, or response contains ambiguous statements, perceptions, or feeling tone which cannot be classified as either positive or negative.

Table 5

Code for content analysis:Nursing lobby's role

---

First digit: Impact of lobby

- 1 = Positive
- 2 = Negative
- 3 = Mixed
- 4 = No Opinion

---

Second digit:Origin of forces

- 1 = Within Nursing

- 2 = Outside Nursing

Third digit:Specific area

- 1 = Image
- 2 = Political  
Savvy
- 3 = Finances

- 1 = Opponents
  - 2 = Allies
-

Criteria for placement in second digit category

1. Within Nursing - forces identified in response are related to nursing, exist within the profession, or are attributes or characteristics of nurses or nursing.

Criteria for placement in third digit

subcategory:

SC1. Image - response contains reference to the nursing lobby's reputation, or how nursing or nurses are perceived, or how they are portrayed.

SC2. Political Savvy - response contains reference to knowledge about the political process itself, or reference to skills possessed or needed by nursing's exponents; lobbyists.

SC3. Finances - response contains reference to money, funding or ability to pay for services.

2. Outside nursing - forces identified in response are external to the profession of nursing, are not related to nursing per se.

Criteria for placement in third digit  
subcategory:

- SC1. Opponents - those individuals or groups who are considered to support interests opposing those of nursing.
- SC2. Allies - those individuals or groups who are considered to support interests in agreement with those of nursing.

Results of the content analysis were equivocal. The senators' impressions of the role of the lobby was somewhat more positive than negative, although not by an impressive margin. Three of the eight Senators interviewed felt the nursing lobby's role has been a positive one. These senators indicated this positive impression was a result of forces both internal and external to nursing. In terms of internal forces, two senators felt the lobby had a good understanding of the function of a lobbyist, and the art of lobbying. In terms of external forces, one senator was impressed by nursing's ability to form alliances.



Two senators held a negative view of the lobby's effectiveness. Forces responsible for this perception were found both within the profession and external to the profession. In terms of internal forces, the nursing lobby suffered from an image problem; the lobby is perceived as self-serving, and the lobbyists as belligerent. Another shortcoming identified was the lack of money needed to be an effective lobby. Looking at external forces, one senator postulated that opposing interest groups diminish the effectiveness of nursing's lobby.

Two senators had either no opinion to offer about the lobby, or were ambiguous in their statements. Only one senator responded with a statement that was categorized as mixed; it contained both positive and negative perceptions about the nursing lobby.

The participants were asked one final question in order to determine how the nursing profession could assume a more politically powerful position. Responses to this question were categorized using a two digit code. The first digit of the code indicated the general area of proposed improvement. The second digit of the

code was a subcategory and gave further specifics. Criteria for assignment to the specific categories are given below, and can be found in tabular form in Table 6.

Criteria for placement in first digit category

1. Increase Interface - response contains reference about maximizing contacts, or increasing interactions with other groups and/or individuals.

Criteria for placement in second digit subcategory:

SC1. Within nursing - response contains reference to better organization, increased participation, increasing cohesiveness, or other indications of nurses working together with other nurses.

SC2. Outside nursing - response contains reference to working with individuals or groups outside of the nursing profession; forming coalitions with others holding similar interests.

2. Lobby - response contains reference to the nursing lobby or lobbyists, or other nursing exponents.

Criteria for placement in second digit

subcategory:

SC1. Higher Profile - response contains reference to increasing exposure of lobbyists to legislators.

SC2. Art of Lobbying - response contains reference to increasing effectiveness of lobby by learning certain skills or techniques; increasing political savvy.

3. Campaign Trail - response contains reference to running for public office, holding elected office, or to elections.

Criteria for placement in second digit

subcategory:

SC1. Self - response contains reference to placing a nurse in public office.

SC2. Others - response contains reference to helping others attain public office by providing campaign help.

Table 6

Code for content analysis:Rx for increasing political powerFirst digit:General Area ofImprovement

1 = Increase Interface

2 = Lobby

3 = Campaign Trail

Second digit:Specific Area ofImprovement

1 = Within Nursing

2 = Outside Nursing

1 = High Profile

2 = Art of Lobbying

1 = Self

2 = Others

---

Increasing contacts with groups outside the nursing profession was the most frequently offered remedy; specifically, serving in the capacity as consultant or

advisor. Forming alliances or coalitions with groups with similar interests was also advised.

The second most frequently mentioned remedy was to maximize nursing's effectiveness by increasing cohesiveness within the profession. Better organization, and increasing and encouraging participation within the professional organizations was suggested.

Although providing campaign and election help was mentioned by three Senators, only one of the three suggested that nurses themselves run for public office. Lastly, two senators suggested the way to increase nursing's political effectiveness would be for those serving as nursing lobbyists to improve their lobbying skills and techniques.

#### Summary of Findings

Findings of the two-phase investigation undertaken to identify and classify factors influencing the political decision-making process were presented in this chapter. The sample utilized in the study consisted of 25 Senators of the 31 member Texas Senate. Data analysis was accomplished by semantic content analysis.

The development of the categorization system and resultant code was described. Reliability of the code was established by three independent judges.

Phase I of the research indicated that there were five factors which influenced the legislative process as it related to health care. A pattern, or rank-ordering of the factors was also determined. These factors, listed in order of importance were: Demonstrated Need, Money, Effectiveness of Exponents, Philosophy or Political Ideology, and Party Politics. Verification of these factors and pattern was accomplished in Phase II of the investigation. The majority of the participants indicated that the five identified factors and the relative order of their importance were correct.

Findings incidental to the main focus of the research were also presented. These findings indicated that neither the nursing profession, nor it's lobby is considered to be a powerful political entity.

## CHAPTER 5

### SUMMARY OF THE STUDY

The research was undertaken to identify factors influencing approval of health care legislation in Texas, and to determine if these factors formed a discrete pattern. Perceptions held by members of the Texas Senate about the nursing profession, and the effectiveness of the nursing lobby were also explored.

#### Summary

The descriptive, exploratory investigation utilized qualitative research methodology, and was accomplished in two phases. In Phase I, the factors were identified, and a preliminary pattern or order of significance was discerned. Phase II involved validating the factors and pattern.

The sample used in Phase I of the study was drawn from the 31 member Texas Senate. Eight Senators were interviewed in person, using an interview guide and their responses were audio tape-recorded. A verbatim transcript was made of each interview, and the

transcript was subjected to semantic content analysis at the manifest level.

A three digit code, or classification system was developed to standardize the analysis. To establish the reliability of the code, three independent judges used the code to categorize 30 responses taken from the actual transcription data. The reliability was estimated at 86.3% and was determined by computing the percentage of agreement.

As a measure to verify both the identified factors and the pattern, a follow-up phone call was made to each source participant. The results of the interview analysis were presented, and the participants asked to confirm the analysis of their interview, in terms of the factors and the pattern.

Phase I of the investigation resulted in the identification of five factors which influence the successful passage of health care legislation through the Texas Senate. These factors, rank ordered from most to least important were: Demonstrated Need, Money,



Effectiveness of Exponents, Philosophy or Political Ideology, and Party Politics.

Phase II of the investigation entailed validating both factors and pattern with the members of the Texas Senate who were not interviewed during the first phase of the study. Of the 23 potential participants, 17 Senators agreed to participate. Data was gathered for Phase II of the investigation in the form of telephone interviews. An interview guide was utilized to elicit the data.

The majority of the Senators interviewed in Phase II concurred with the five factors described above. They also agreed that the pattern, or order of significance of the factors was correct. Five additional factors which may also influence health care legislation were identified by the participants in Phase II. These factors were: Rural/Urban Relationship, Access to Health Care Facilities, Effectiveness of Alternative Health Care Providers, Geographic Distribution of Resources, and the Lt. Governor's Wife.

### Discussion

The investigation indicated there are at least five factors which influence the successful passage of health care legislation in the Texas Senate. This finding is consistent with the existing literature; the multivariate nature of the political decision-making process is well documented (Ehrat, 1983; Kingdon, 1981; Novell, 1976). However, research pertaining to the actual factors affecting the decision-making process was scarce, and comparisons between the present investigation and other studies were sometimes difficult to make.

Some of the factors identified in the present study cannot be substantiated by the literature. Demonstrated need, for example, was the factor identified as being of primary importance to the successful passage of health care legislation, but this factor was not discussed in the literature. The second factor in ranked importance was Money. This finding was not surprising since the influence of economics on politics has been recognized since the time of Plato's Republic. Other factors identified in the present investigation were somewhat

disparate with the available literature. For example, contrary to much of the existing literature, partisan politics, and voting along party lines were not identified as significant factors in this study. In Phase I, Party Politics was identified as the fifth factor in importance. Thirty-eight percent of the participants in Phase II indicated that Party Politics had no impact whatsoever on the legislative process, and deleted it from the pattern of factors. This finding does not appear consistent with the work done by Covell (1980), Pear (1984), or Navarro (1984), who have evaluated the Democratic party as more favorable to eleemosynary programs, such as public health and social services, than its counterpart. These authors have also documented decreases in health care services during Republican administrations.

Work done by Price (1984) may provide an alternate explanation for the unimpressive standing of the Party Politics factor. Price claimed that party identification was on the decline, and as a result, the role of partisan politics in the decision-making process

was of diminishing importance. The low influence attributed to this factor may be an illustration of the phenomenon described by Price.

Yet another explanation that could be considered may be that health care legislation in Texas is simply not a partisan issue. As explained by one of the research participants, "Everybody looks, in a sense, kindly upon health needs." Therefore, it can be surmised that voting along party lines would not play a significant role in health care legislation in the state of Texas.

Another finding inconsistent with the literature was that the party affiliation of the Governor and President of the Senate was not considered a factor which influenced the decision-making process as it related to health care. In fact, it was mentioned as a factor by only one participant in the investigation. This finding differs from much of the available literature. Several authors have addressed the importance of party leadership in the political decision-making process (Amos, 1985; Salisbury, 1968; White & Clark, 1983). Kingdon's work indicated that the

political party of the leadership and of ranking committee members was very influential in determining the outcome of legislation in Congress. The divergent finding from the present research may be explained by the fact that Texas is a predominantly Democratic state. Only 6 of the 31 Senators currently in office are Republicans. In addition, only two Republicans have been elected to the office of Governor of Texas in the last 112 years (Inman, 1980). Therefore, party leadership, especially that of the Governor, may not be a significant factor in the state of Texas, although this may not be the case in states where the distribution of Democrats versus Republicans is more equitable.

The interpretations offered above to explain the insignificant role of party affiliation and partisan politics may also provide the reasoning for the higher rank attained by the factor Philosophy or Political Ideology. It would appear that in Texas, a Senator's philosophy about the role of government in health care is more likely to affect legislation than is his party

affiliation. Elazar (1972) used the term "political culture" to describe the attitudes and values that shape politics at the state level. According to Elazar, elements of the Texan political culture are: opposition to government interference, strong work ethic, overt suspicion of social programs, and distrust of political parties.

The disparity about the relative importance of the Effectiveness of the Exponents was an interesting aspect of this investigation. The factor was clearly identified as third in ranked importance in Phase I, and this ranking was validated by a majority of Senators in Phase II. However, those Phase II participants disagreeing with the order of the factors felt that Effectiveness of the Exponents should be considered of greater importance. Three Senators considered it at least second in rank to Demonstrated Need. Two participants indicated effectiveness of exponents to be of primary importance in the successful passage of health care legislation through the Texas Senate.

The literature appears to reflect this non-consensus about the importance of the exponents. The

lobbying efforts of professional organizations were considered to be of paramount importance by some authors (Amos, 1985; Cigler & Loomis, 1983). In opposition to this viewpoint, Salisbury (1983) argued that the effects of interest group politics were so diverse, it would be impossible to draw generalizations about the impact on legislation.

In terms of the findings which were incidental to the purpose of this investigation, perceptions of nursing held by members of the Senate were explored. Most of the participants interviewed had mixed feelings about the profession of nursing as a political force, and of the effectiveness of the nursing lobby. The variety of opinions expressed by the participants were also observed in the literature. Pressman (1984) and Solomon (1984) have affirmed positive and effective performance of nursing's lobby on Capitol Hill. However, Lake's (1984) study of legislators' opinions of nursing attributed little or no political influence to the profession, and described nursing's impact on legislation as poor.

Suggestions as to how the nursing profession could improve its political efficacy were also elicited from the participants. The most frequently offered remedy involved increasing contact with other groups or organizations outside the profession. This remedy was addressed in the literature by DeLeon, Kjervik, Kraut, and VandenBos (1985). These authors recommended that the professions of psychology and nursing form a joint task force since both professions have common concerns in terms of health policy issues.

#### Conclusions and Implications

From this research, five factors were identified as having an impact on health care legislation in Texas. A sequence or pattern for these factors was also determined. The exploratory nature of this investigation make difficult any endeavors at generalization. Only Senators were utilized as subjects in the present investigation. Comparison to members of the House of Representatives would be necessary to draw conclusions about factors influencing health care legislation in the Texas Legislature.



Although a ranking of the factors was accomplished for the present investigation, the rank ordering of the factors may not be stable. The participants utilized in the study were members of the 69th Legislature. Therefore, the factors identified are a reflection of the particular time frame in which the study was undertaken. A change in circumstances, such as a deepening recession, may influence how these factors affect health care legislation during that particular time frame.

The attempt to validate the factors and pattern in Phase II demonstrated that there may be several other factors influencing health care legislation that need to be considered in subsequent investigations. A research implication may be drawn from this finding; expanding the list of factors to include those identified in Phase II of the present investigation. A "forced choice" instrument could then be developed which listed all identified factors. Participants would be asked to rank the factors in order of significance as it related to health care legislation.

An implication for nursing practice stems from the significant impact attributed to Effectiveness of the Exponents, combined with the finding that most Senators had a mixed view, at best, of the nursing lobby's effectiveness. A clear direction for the profession would be to increase the effectiveness of its exponents. This can be accomplished by implementing the suggestions offered by the participants; involvement in grass roots campaigning, improving lobbying skills and strategies, and increasing the professions's interface with groups outside the nursing profession.

#### Recommendations for Further Study

Based on the findings and implications of the present investigation, the following recommendations are suggested for further research:

1. Replication of the study using members of the Texas House of Representatives as participants.
2. Replication of the study in a predominantly Republican state, such as Arizona.
3. Development of a forced choice instrument which would allow participants to rank given factors.

## REFERENCE LIST

## REFERENCE LIST

- American Nurses' Association. (1980). Nursing: A social policy statement (Publication No. NP-63). Kansas City, MO: Author.
- Amos, L. K. (1985). Influencing the future of nursing research through power and politics. Western Journal of Nursing Research, 7, 461-470.
- ANS Open Forum, (1980, April). Advances in Nursing Science, pp. 97-101.
- Archer, S. E. (1983). A study of nurse administrators' political participation. Western Journal of Nursing Research, 5, 65-75.
- Ashly, J. A. (1973). This I believe about power in nursing. Nursing Outlook, 21, 637-641.
- Ashly, J. A. (1980). Power in structured misogyny: Implications for the politics of care. Advances in Nursing Science, 2, 3-22.
- Babbitz, M. A. (1979). Occupational health nursing: Influence on policymaking. Occupational Health Nursing, 5, 21-23.
- Bagwell, M., & Clements, S. (1985). A political handbook for health professionals. Boston: Little, Brown, and Company.
- Beck, C. T. (1982). The conceptualization of power. Advances in Nursing Science, 4, 1-17.
- Bill would eliminate special tuition for R.N.'s. (1985, March). Texas Nursing, 59, 9.
- Bowman, R. A. & Culpepper, R. C. (1974). Power: Rx for change. American Journal of Nursing, 74, 1053-1056.

- Boyle, K. (1984). Power in nursing: A collaborative approach. Nursing Outlook, 32, 164-167.
- Brooten, D. A., Hayman, L. L., & Naylor, M. D. (1978). Leadership for change: A guide for the frustrated nurse. Philadelphia: J. B. Lippincott.
- Capitol capsules. (1985, January). Texas Nursing, 59, 7.
- Caporeal-Katz, B. (1983). Health, self-care and power: Shifting the balance. Topics in Clinical Nursing, 5, 31-42.
- Carnevali, D. L. (1983). Nursing care planning: Diagnosis and management (3rd ed.). Philadelphia: J. B. Lippincott.
- Chinn, P. L., & Wheeler, C. E. (1985). Feminism and nursing. Nursing Outlook, 33, 74-77.
- Cigler, A. J., & Loomis, B. A. (1983). Introduction: The changing nature of interest group politics. In A. J. Cigler & B. A. Loomis (Eds.), Interest group politics (pp. 1-30), Washington, DC: CQ Press.
- Cook, E. (1913). The life of Florence Nightingale. London: MacMillan.
- Covell, R. M. (1980). The impact of regulation on health care quality. In A. Levin (Ed.), Proceedings of the Academy of Political Science: Vol. 33. Regulating health care: The struggle for control (pp. 111-125). New York: Academy of Political Science.
- DeLeon, P. H., Kjervik, D. K., Kraut, A. G., & VandenBos, G. R. (1985). Psychology and nursing. American Psychologist, 40, 1153-1164.
- Diers, D. (1978). A different kind of energy: Nurse-power. Nursing Outlook, 26, 51-55.

- Diers, D. (1985). Health policy and nursing curricula - a natural fit. Nursing and Health Care, 6, 421-433.
- Donley, R. (1983). Nursing and the politics of health. In N. L. Chaska (Ed.), The nursing profession (pp. 844-857). New York: McGraw-Hill.
- Ehrat, K. S. (1983). A model for politically astute planning and decision-making. Journal of Nursing Administration, 13, 29-35.
- Ehrenreich, B. (1978). The purpose of political action. In The emergence of nursing as a political force (NLN Publication No. 41-1760, pp. 11-17). New York: NLN.
- Elazar, D. J. (1972). American federalism: A view from the states. New York: Thomas Y. Crowell.
- Elms, R. R., & Moorehead, J. M. (1977). Will the "real" nurse please stand up: The stereotype vs reality. Nursing Forum, 16, 112-127.
- Fox, D. J. (1982). Fundamentals of research in nursing (4th ed.). Norwalk, CT: Appleton-Century-Crofts.
- Garant, C. A. (1978). Process of effecting change in nursing. Nursing Forum, 17, 153-167.
- Gillilan, M. L. (1985). Nursing and politics. The Missouri Nurse, 54, 1.
- Glass, L. K. (1984). Safeguarding society's welfare - Nursing's political history. Nursing Success Today, 1, 39-40.
- Goldwater, M. (1982, January/February). The politics of health care. New Jersey Nurse, pp. 1-3, 6, 7, 17.
- Goldwater, M. (1984). Political Power for nurse practitioners. Nurse Practitioner, 9, 44-52.
- Gordon, M. (1976). Nursing diagnosis and the diagnostic process. American Journal of Nursing, 76, 1298-1300.

- Greenleaf, N. P. (1980). Sex-segregated occupations: Relevance for nursing. Advances in Nursing Science, 2, 23-37.
- Holleran, C. (1985). Nurses and health policy. International Nursing Review, 32, 43-45.
- Hott, J. R. (1976). The struggles inside nursing's body politic. Nursing Forum, 15, 325-339.
- House Journal of the Sixty-Ninth Legislature, (January 29, 1985), p. 200.
- House Journal of the Sixty-Ninth Legislature, (February 27, 1985), p. 425.
- House Journal of the Sixty-Ninth Legislature, (March 18, 1985), p. 725.
- Hunter, P. R., & Berger, K. J. (1984). Nurses and the political arena: Lobbying for professional impact. Nursing Administration Quarterly, 8, 66-79.
- If you want "beef" - we've got some. (1984, November/December). Texas Nursing, pp. 4, 10.
- Inman, B. (1978, November 9). Here's why it took the GOP a century to win. Houston Post, p. 6.
- Isaacs, M. (1980). Nurse political action: Interview with Marge Colloff. Advances in Nursing Science, 9, 89-95.
- Kalisch, B. J., & Kalisch, P. A. (1976). A discourse on the politics of nursing. Journal of Nursing Administration, 6, 29-34.
- Kaplan, A. (1964). The conduct of inquiry. New York: Chandler.
- Kingdon, J. W. (1981). Congressmen's voting decisions (2nd ed.). New York: Harper & Row.

- Laben, J. K. (1979). Legal aspects of social trends in nursing. In Political social and educational forces on nursing: Impact of social forces. (NLN Publication No. 15-1774, pp. 9-15). New York: NLN.
- Lake, R. S. (1984). Legislator's opinions about nursing: results of a pilot study. Nursing and Health Care, 5, 204-207.
- Leininger, M. (1978). Political nursing: Essential for health service and educational systems of tomorrow. Nursing Administration Quarterly, 2, 1-16.
- Leininger, M. (1979). Territoriality, power, and creative leadership in administrative nursing contexts. Nursing Dimensions, 7, 33-42.
- Leininger, M. M. (1985). Nature, rationale, and importance of qualitative research methods in nursing. In M. M. Leininger (Ed.), Qualitative research methods in nursing (pp. 1-25). Orlando, FL: Grune & Stratton, Inc.
- Lieb, R. (1978). Power, powerlessness, and potential - nurses role within the health care delivery system. Image, 10, 75-83.
- Loomis, M. E. (1985). Emerging content in nursing: An analysis of dissertation abstracts and titles: 1976-1982. Nursing Research, 34, 113-119.
- MacPherson, K. I. (1983). Feminist methods: A new paradigm for nursing research. Advances in Nursing Science, 5, 17-25.
- Marciniak, S. (1979). What you don't know can hurt you. (NLN Publication No. 41-1769). New York: NLN.
- Mason, D. J. (1982). Furthering nursing practice through legislative and political action. Orthopedic Nursing, 1, 23-27.



- McMahon, M. A., & Westfall, J. (1984). A legislative journey: One way to teach political awareness. Nursing and Health Care, 5, 341-342.
- Moccia, P. (1984). The nurse as policymaker: Toward a free and equal health care system. Nursing and Health Care, 5, 481-485.
- Montiero, L. (1978). Lavinia Dock on nurses and the cold war. Nursing Forum, 17, 46-54.
- Moore, E., & Oakley, D. (1983). Nurses, political participation, and attitudes toward reforms in the health care system. Nursing & Health Care, 9, 504-507.
- Mullane, M. K. (1975). Nursing care in the political arena. Nursing Outlook, 23, 699-701.
- Mullane, M. D. (1976). The spirit of '76: Involvement and commitment. In People, power, politics for health care (pp. 81-88) (NLN Publication No. 52-1647). New York.
- Munn, Y. L. (1976). Power: How to get it and use it in nursing today. Nursing Administration Quarterly, 1, 95-103.
- Nauright, L. (1984). Politics and power: A new look at Florence Nightingale. Nursing Forum, 21, 5-8.
- Navarro, V. (1984). Selected myths guiding the Reagan's administration's health policies. Journal of Public Health Policy, 5, 65-73.
- N-CAP support for candidates shifts into high gear. (1984). American Journal of Nursing, 10, 1305.
- Novello, D. J. (1976). People, power, politics for health care. In People, power, politics for health care (pp. 1-8) (NLN Publication No. 52-1647). New York: Author.

- Nowak, J. B. (1984). All from the same handiwork. Advances in Nursing Science, 1, viii-ix.
- Nurses now have an "In" at the White House. (1984, November). Nursing Success Today, pp. 16-22.
- Oiler, C. (1982). The phenomenological approach in nursing research. Nursing Research, 31, 178-181.
- O'Rourke, M. W. (1980). Expert power: The basis for political strength. In Raising your political blood pressure (NLN Publication No. 52-1827, pp. 3-8). New York: NLN.
- Palmer, I. S. (1977). Florence Nightingale: Reformer, reactionary, researcher. Nursing Research, 26, 84-89.
- Pear, R. (1984, August 20). Reagan has achieved many goals but some still stir opposition. New York Times, pp. 18.
- Polit, D., & Hungler, B. (1983). Nursing research (2nd ed.). Philadelphia: J. B. Lippincott.
- Poulin, A. (1985). Historical perspectives. In Issues in professional practice (ANA Pub. No. NP-68E, pp. 2-5). New York: ANA.
- Powell, D. J. (1976). The struggles outside nursing's body politic. Nursing Forum, 15, 341-362.
- Pressman, S. (1984, January 7). Physicians' lobbying machine showing some signs of wear. Congressional Quarterly Weekly Report, p. 1.
- Price, D. E. (1984). Bringing back the parties. Washington, D. C. : Congressional Quarterly Inc.
- Quint, J. C. (1967). The case for theories generated from empirical data. Nursing Research, 16, 109-114.

- Regents disband UT nursing system (1976, April). Texas Nursing, 50, 1.
- Reviewing the 69th legislative session. (1985, June/July). Texas Nursing, 59, 6-7.
- Roberts, S. J. (1983). Oppressed group behavior: Implications for nursing. Advances in Nursing Science, 5, 21-30.
- Rothberg, J. S. (1985). The growth of political action in nursing. Nursing Outlook, 33, 133-135.
- Sabin, L. E. (1981). The French revolution: The forgotten era in nursing history. Nursing Forum, 20, 1789-1799.
- Salisbury, R. H. (1968). The analysis of public policy: A search for theories and roles. In A. Ranney (Ed.), Political science and public policy (pp. 1-20). Chicago: Markham.
- Salisbury, R. H. (1983). Interest Groups: Toward a new understanding. In A. J. Cigler & B. A. Loomis (Eds.), Interest group politics (pp. 354-369). Washington, DC: CQ Press.
- Schlotfeldt, R. (1985, February). Lessons from past can help nursing reach its goals. The American Nurse, pp. 4, 18.
- Senate outlook: An interview with Sheila Burke. (1985, May). Nursing and Health Care, pp. 245-249.
- Shelley, S. I. (1984). Research methods in nursing and health. Boston: Little, Brown & Co.
- Sokol, R. R. (1974, September 27). Classification: Purpose, principles, progress, and prospects. Science, pp. 1115-1123.
- Solomon, S. (1984). Election year politics: Facing realities. Nursing and Health Care, 5, 134-135.

- Stern, B. N. (1980). Grounded theory methodology: It's uses and process. Image, 12, 20-23.
- Stern, B. N. (1985). Using grounded theory method in nursing research. In M. M. Leininger (Ed.), Qualitative research methods in nursing (pp. 149-160). Orlando, FL: Grune & Stratton.
- Summary of social policy statement. (1985, April). The American Nurse, p. 21.
- Symons, J. L. (1984). Political education - political action. Nursing Administration Quarterly, 8, 32-36.
- TNA blue ribbon committee on education report. (1985, March). Texas Nursing, 59, 10-12.
- TNA sues UT Regents. (1976, May). Texas Nursing, 50, p. 6A.
- Tinkle, M. B., & Beaton, J. L. (1983). Toward a new view of science: Implications for nursing research. Advances in Nursing Science, 5, 27-36.
- White, L. G., & Clark, R. P. (1983). Politics and analysis. In L. G. White & R. P. Clark (Eds.), Political analysis: Technique and practice (pp. 1-20). Monterey, CA: Brooks-Cole.
- Wilson, H. S. (1977). Limiting intrusion - social control of outsiders in a healing community. Nursing Research, 26, 103-111.
- Wilson, H. S. (1985). Research in nursing. Menlo Park, CA: Addison-Wesley.
- Young, W. B. (1981). Political action for professionalization. In J. C. McCloskey & H. K. Grace (Eds.), Current issues in nursing (pp. 605-616). Oxford, England: Blackwell Scientific Publications.

APPENDIX A  
HUMAN SUBJECTS REVIEW COMMITTEE APPROVAL

## APPENDIX A

TEXAS WOMAN'S UNIVERSITY  
Box 22939, TWU Station  
RESEARCH AND GRANTS ADMINISTRATION  
DENTON, TEXAS 76204

## HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Kathleen Hull Center: Denton  
Address: 2807 Johnson Grass Date: \_\_\_\_\_  
San Antonio, TX 78251

Dear Katherine Hull:

Your study entitled Identification and Pattern of  
Factors Influencing Health Care Legislation in the State of Texas

has been reviewed by a committee of the Human Subjects Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your studies. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHHR regulations, another review by the Committee is required if your project changes.

Any special provisions pertaining to your study are noted below:

\_\_\_\_ Add to informed consent form: No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

\_\_\_\_ Add to informed consent form: I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.


\_\_\_\_ The filing of signatures of subjects with the Human Subjects Review Committee is not required.

\_\_\_\_ Other:

X No special provisions apply.

cc: Graduate School  
Project Director  
Director of School or  
Chairman of Department

Sincerely,

  
Chairman, Human Subjects  
Review Committee

at Denton

8/10/82

APPENDIX B  
GRADUATE SCHOOL APPROVAL

## APPENDIX B



Texas Woman's University

P.O. Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757, Tex-An 834-2133

THE GRADUATE SCHOOL

March 26, 1986

Ms. Kathleen Hull  
2807 Johnson Grass  
San Antonio, TX 78251

Dear Ms. Hull:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,

A handwritten signature in cursive script that reads 'Leslie M. Thompson'.

Leslie M. Thompson  
Provost

tr

cc Dr. Patricia Mahon  
Dr. Anne Gudmundsen



APPENDIX C  
BRIEF DESCRIPTION OF PURPOSE

## APPENDIX C

## Brief Description of Purpose

My name is Kathleen Hull and I am a doctoral student at Texas Woman's University. I am interested in interviewing members of the Texas Senate. The interview will only take between 20 to 30 minutes of your time, and can be scheduled for your convenience.

As a doctoral student and a registered voter, I would appreciate the opportunity to speak to my elected representative. I can be reached at 512-680-0481. Thank you for your time.

APPENDIX D  
EXPLANATION TO PARTICIPANTS

## APPENDIX D

## Explanation to Participants

Thank you for your willingness to be interviewed for this study. This research is being conducted to fulfill requirements for a doctoral degree in Nursing at Texas Woman's University. Your participation is voluntary and you may withdraw at any time without penalty. The interview will last between 20 and 30 minutes and I would like to tape record our conversation with your permission. I will be asking questions that relate to your experiences as a legislator in the Texas Senate.

A transcription of the tape will be made, editing out identifying information, after which the tape will be erased. After the interview has been analyzed, I will call you to verify that my interpretation of what was said is what you had intended.

As with any research, certain risks may be inherent. For example, you may experience fatigue as a result of your participation. You may feel the amount

of time required to participate may be inconvenient. Data gathered during this study may be accidentally or improperly released resulting in an invasion of your privacy. Your rights will be protected by the following safeguards:

Your name will not be used in the final research report, nor will you be identified in any manner. There will be no way for a reader of the final report to determine the identity of the participants. Complete anonymity will be maintained. I will be the only person who has access to the taped recording of the interview. The tape will be erased after transcription of the interview.

As was stated earlier, participation is entirely voluntary. You may withdraw from the study at anytime without penalty.

The potential benefit of your participation is the contribution to new nursing knowledge about political process.

Do you have any questions? If a question should arise later, you may reach me at 512-680-0481.

APPENDIX E  
CONSENT TO PARTICIPATE IN RESEARCH

## APPENDIX E

## Consent to Participate in Research

I have received an oral description of this study, including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time. I further understand that no medical service or compensation is provided to subjects by the university as a result of participation in this research.

---

Signature of participant

---

Date

---

Signature of witness

---

Date

\*\*\*\*

Certification by person explaining the study:

This is to certify that I have fully informed and explained to the above named person a description of the listed elements of informed consent.

---

Signature of participant

---

Date

---

Position

APPENDIX F  
CONSENT TO RECORD VOICE



## APPENDIX F

## Consent to Record Voice

I do hereby consent to the recording of my voice by Kathleen Hull, R.N., M.S., acting on this date under the authority of Texas Woman's University. I understand that the material recorded today is for research purposes and hereby consent to such use.

I release the Texas Woman's University and the undersigned part acting under the authority of the Texas Woman's University from any and all claims arising out of such taking, recording, reproducing, publishing, transmitting or exhibiting as is authorized by the Texas Woman's University.

---

SIGNATURE OF PARTICIPANT

---

DATE

\*\*\*\*\*

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge and understanding of its contents.

---

Authorized representative of  
Texas Woman's University

---

Date

APPENDIX G  
INTERVIEW QUESTIONNAIRE - PHASE I

## APPENDIX G

## Phase I

## Interview Questionnaire

1. Please tell me how many years you have been associated with the legislative process?
2. What is your political party affiliation?
3. What is your age?
4. What factors, in your experience, have played a part in whether or not legislation regarding health care passes successfully through the Texas legislature?
5. What effect does presidential or gubernatorial party affiliation have on the legislative process as it relates to health care?
6. In your experience, what has been the nursing lobby's role in health care legislation?
7. Do you think that nursing is recognized as a political force, and why?
8. What remedies are available in order for nursing to assume a more politically powerful position?

APPENDIX H  
DESCRIPTION OF STUDY - PHASE II

## APPENDIX H

## Description of Study for Phase II of Investigation

My name is Kathleen Hull and I am a registered voter, and a doctoral student at Texas Woman's University. As part of my research, I am interested in interviewing members of the Texas Senate about health care legislation. The interview will take less than five minutes of your time, and if you are unavailable to speak at the present, I can call back at a time scheduled for your convenience. Would you be willing to be interviewed? (If reply is negative - Thank you for your time in considering this proposal. If reply is positive - continue with script).

Thank you for your willingness to be interviewed for this study. I am required to tell you that this research is being conducted to fulfill requirements for a doctoral degree in Nursing at Texas Woman's University. Your participation is voluntary and you may withdraw at any time without penalty. The

interview will take less than five minutes. I will be asking questions that relate to your experiences as a legislator in the Texas Senate.

As with any research, certain risks may be inherent. For example, you may experience fatigue as a result of your participation. You may feel the amount of time required to participate may be inconvenient. Data gathered during this study may be accidentally or improperly released resulting in an invasion of your privacy. However, your rights will be protected by the following safeguards:

Your name will not be used in the final research report, nor will you be identified in any manner. There will be no way for a reader of the final report to determine the identity of the participants. Complete anonymity will be maintained. I will be the only person who has access to the responses to this interview.

I must also inform you that no medical service or compensation is provided to subjects by the university as a result of participation in this research.

As was stated earlier, your participation is entirely voluntary. You may withdraw from the study at any time without penalty. The potential benefit of your participation is the contribution to new nursing knowledge about political process.

Do you have any questions? If a question should arise later, I will leave a phone number where I can be reached.

Do you still wish to participate? (If response is negative - Thank you for considering this proposal. If a response is positive, go to Interview Questionnaire II, Appendix I).

APPENDIX I  
INTERVIEW QUESTIONNAIRE- PHASE II



## APPENDIX I

## Phase II

## Interview Questionnaire

1. Please tell me how many years you have been associated with the legislative process?
2. What is your political party affiliation?
3. What is your age?
4. The following factors have been identified as having an impact on health care legislation by your colleagues in the Senate. These factors have been rank-ordered; 1 as the factor having the most impact and 5 as the factor with the least impact. Do you agree with the ordering of these factors?

## Different Order

- |                                     |    |
|-------------------------------------|----|
| 1. Demonstrated Need                | 1. |
| 2. Money                            | 2. |
| 3. Effectiveness of Exponents       | 3. |
| 4. Philosophy or Political Ideology | 4. |
| 5. Party Affiliation                | 5. |

Agree \_\_\_\_\_ Disagree \_\_\_\_\_

5. Are there any other factors, not already mentioned, that play a part in whether health-care legislation passes successfully through the Texas legislature?

APPENDIX J  
RESULTS OF PILOT STUDY

APPENDIX J  
RESULTS OF PILOT STUDY

A pilot study was undertaken in the Spring of 1985. This appendix contains verbatim justification for the formation of the categories. Three general questions were asked in the tape-recorded interview. The first question asked was: In your experience, what factors are associated with the passage of legislation pertaining to health-care in the state of Texas? Five factors were consistently identified as affecting the success of health care legislation. These factors, rank-ordered from highest in importance to lowest in importance were: Economics, Good Ole Boy Syndrome, Worthy Opponents, Power, and Gallup Effect. The empirical justification for each of these categories is found below.

Economics

It was significant for this researcher to note that although economics was mentioned by four of the

participants, it was not at all mentioned by the two who are currently in the legislature; the State Representative, and the legislative health aide.

- Money is an important factor, but it's not the most important.
- It's expensive to sponsor legislation, to communicate with legislators, to have lobbyists, to hire lawyers to write the bills.
- Change occurs only when economics and values coincide.
- Money isn't the exclusive ingredient, but it's always a factor.
- Need to buy resources, to pay for information and services.

#### Good Ole Boy Syndrome

This factor tied with economics in being the first factor mentioned by the interviewees. All of the participants identified it as being an important factor.

- It depends on who stands to gain, who stands to lose.
- Personalities must be considered.

- To be effective legislatively, you've got to keep your fences repaired, keep your contacts, build your friendships.
- Who owes who what.
- A lot depends on who the players are.

#### Worthy Opponents

All but one of the persons interviewed mentioned the factor of opposing interests. Some mentioned specific sources of controversy, others were more general in their statements.

- There is always turf fighting.
- Nursing has been up against some pretty sizeable opposition that is organized.
- The Hospital Association and the AMA are pretty powerful when it comes to lobbying, and they don't always see eye-to-eye with your (nursing's) causes.

#### Power

Power, per se, was identified as a factor in this study by only three of the participants.

- Power or clout is always a factor.

- We (nursing) can't compete with the other power brokers.
- Not only is there power in tradition, but also the power to persuade.

#### Gallup Effect

Public opinion, (thus the theme of this category; Gallup Effect) was the least identified factor in this study. It was only mentioned by two of the participants as being a factor in health legislation. An interesting point about the formation of this category is that the data gathered from the two sources contradict each other.

- Politicians can withstand seeing people yelling and screaming.
- Popular support, public awareness and the public's understanding and commitment to the program can make a difference.

The participants were asked a second question in the interviews conducted for the pilot study, and these responses are discussed below. The question was, "Do you think that nursing is recognized as a political

force, and why?" The unanimous answer to first part of the question, as can be surmised, was "No". The second part of the question elicited responses which identified factors that are not found in existing nursing literature. The primary ranking factor was Chauvinism, followed closely by Infighting. The third factor was Nearsightedness, and the lowest ranked factor was Lack of Knowledge.

#### Chauvinism

- The only way most male legislators can deal with women is when they're on their backs.
- Men and women will have equal rights the day you take some away from the women.
- A lot of back-slapping goes on before the sessions, and lets face it, women can't begin by saying, how 'bout them Mavs?
- Nurses are sweet ole gals and politics is too dirty.
- We, as a gender, have not yet developed our skills at networking.
- They're women.



Infighting

- Too much back-stabbing by nurses. We lack a clear articulation of a definition of nursing, so how are we ever going to agree on political issues?
- The organization lacks momentum. Momentum will attract people.
- Nurses are not identifiable as nurses.

Nearsightedness

- There seems to be only self-interest as the motivating factor.
- The nursing profession, as a body, has not stayed organized and active and only gets itself involved when a specific issue is up.
- Nurses are not seen as being interested in general health-care issues, but when legislation affects the profession, watch out, they come out in force. Unfortunately, this isn't the kind of reputation you want to have to be politically powerful.

Finally, the last question to be discussed in this report of the pilot study findings was one that asked

the participants, "What remedies are available for nursing to assume a more politically powerful position?" Most answers merely suggested "fixing" problems which were identified earlier. For instance, incorporating into the nursing curriculum coursework in legislative process, etc. However, several participants identified one predominant factor: Coalitions.

#### Coalitions

- Nurses don't understand collective action. This is the key.
- You don't necessarily need numbers, but at least you need the appearance of numbers.
- Nurses need to find other groups with similar issues, the Gray Panthers, for example, are a powerful group.

APPENDIX K  
JUDGES WORKSHEET

APPENDIX K  
JUDGE'S WORKSHEET

Thank you for consenting to be a judge for this instrument. The purpose of this research is to identify and categorize factors which may influence health care legislation. A numerical code is being used to categorize the data. Your efforts will help determine the adequacy and reliability of this code. Using the categorization criteria which follows, please code the following sentences. Write in the code numbers in the appropriate blanks after each sentence. Please feel free to suggest changes which you feel may add to the clarity of the coding system.

\* \* \* \* \*

	First Digit	Second Digit
1. A well documented demonstration of need is probably the most important thing in passing.	_____	_____
2. Availability of funds is, of course, obviously one of the things that effects it.	_____	_____
3. I would think the effectiveness of exponents in their lobbying efforts certainly has an effect on it, not as much as it does in some areas, because everybody looks, in a sense, kindly upon health needs.	_____	_____
4. If there is someone in my district who comes and visits me, and who I have confidence in, and they come in and sit down, and we visit about something for thirty minutes, they're very apt to convince me that this program should be supported and so I'll go into the committee meeting where the decision is to be made with a favorable attitude.	_____	_____

5. There is an anti-welfare sentiment, there is the old complex that says an honest days' work for an honest days' pay.

6. I think, first of all, there has to be a demonstrated need that we need to pass it, I think that'd be the primary reason.

7. Personal factors, what's happened to you in the past, and certainly your friends, what your friends tell you and your doctor friends, probably.

8. Obviously, a great of it depends on money; not many problems in government that don't have a dollar sign attached to them.

9. Other factors probably would be a philosophical attitude: what should government be expected to do; what is a reasonable expectation of government in dealing with problems of our society?

10. The first, I guess, would be having the benefit of an in-depth study of the needs and the problems done by competent people, not only members of the legislature, but general public members, who would then express concern to the legislature in the form of legislation that would try to address the problems.

11. Texans generally have cared, had concern, for people who are less fortunate, but it's always been in relationship to the dollar and I think it has to be that way.

13. Well, I think compelling need is a serious factor that plays a part in whether political legislation passes through.

14. The people that are in the profession, or their interest group lobbyists that bring forth those issues to the legislators are important in passing any legislation in Texas.

15. Well, I think probably one of the key factors is the author of the legislation; how effective that individual is.

16. Secondly, whether or not you have an interest group lobby, an interest group lobbyist that is effective, or lobbyist.

17. It depends on the nature of the legislation; is it going to be a significant piece of legislation, such as indigent health care.

18. You just don't see very many Republicans carrying any health care legislation.

19. In terms of overall passage of legislation, it really probably is significant, because the people that tend to dominate the health care committees are Democrats.

20. It is not as significant in Texas as it might be in other states, because Texas had always been a one-party state, and the Democratic party has always sort of, really not tried to do anything adverse to the interest of the Republicans in the legislative process.

21. There has been a lot of need out there; it's embarrassing to say that Texas has, we're last in a lot of categories, next to the last, bottom half, in health needs of our citizenry, and the way we take care of our poor.

22. So it's basically pushing and shoving until we get the issue out front, and then, in some cases, it still doesn't pass because we haven't had the money, or we push hard enough, we'll get the money instead of using it for something else.

23. It's my gut feeling that you'd better have a Democrat there if you want to pass anything of significance for the citizenry.

24. Well, to pass any legislation you need several things; I don't know if we mentioned the lobbying effort, but we need public input to the legislature, legislators.

25. So now, I think you see a much more balanced picture, when bills are debated in health care, you probably have an off-setting situation that you may have two men against something, but you may have enough people on the other side with some political influence or political clout that they can go ahead and get it passed.

26. I think the Texas Medical Association probably still raises and puts more money in political campaigns than other other health care provider organizations, but they don't outnumber the others in terms of members, or of practitioners, and their influence is kept on a fairly even keel with the other providers.

27. Another thing that has influenced it a great deal is money, cost.

28. Then there's the third part in that picture, and that is the more recent development of strong and effective advocacy organizations.

29. Well, so much of what we do at the state level, is dependent on what happens at the national level, particularly in the Medicaid program.

30. And so for that reason, I don't think that party affiliation really makes much difference.

## CRITERIA FOR CATEGORIZATION

The following is a code for the categorization of the interview data. The first digit of the code denotes the general area of the identified factor; it allows the factor to be named. The second digit of the code allows further narrowing of the category in order to reflect a more specific area; a sub-category. In cases where no specifics are mentioned in the sentence, a sub-category cannot be assigned and a numerical zero will be used as the second digit. The criteria for assignment to the specific categories are given below.

### Criteria for placement in first digit category:

Identification of general area of factors.

1. Demonstrated need - response contains reference to need, responsibilities, or documentation of need.

\* No Subcategory - Second Digit = 0 \*

2. Effectiveness of exponents - response contains reference to the influence of others who are outside the actual decision-making process; those not holding office within the legislature.

### Criteria for placement in second digit

#### Subcategory (SC): Specific area

- SC1. Paid lobbyist - reference to serving as lobbyist in a professional capacity, or receiving monetary compensation for lobbying services.
- SC2. Personal contact - reference to an individual, or individuals who are not professional lobbyists or to those who are not affiliated with a paid lobby.
- SC3. Coalition - organized groups of individuals who are not affiliated with a paid lobby; advocate groups.



SC4. Mixed - response contains reference to more than one of the above specific subcategory areas.

3. Money - Response contains reference to funds or funding, economics, costs, budget, or spending.

\* No Subcategory - Second Digit = 0 \*

4. Vote-trading - response contains reference to exchanging votes or favors, making deals.

Criteria for placement in second digit

Subcategory (SC): Specific area

SC1. Very prominent - response contains reference to vote-trading as a usual event, or as a common, or typical occurrence.

SC2. Not very prominent - response contains reference to vote-trading as an unusual occurrence, an uncommon occurrence, or as non-existent.

5. Philosophical attitude - response contains reference to political ideology, frame of reference, or beliefs about the role of government in terms of health care.

Criteria for placement in second digit

Subcategory (SC): Specific area

SC1. Pro-social programs - response contains reference to a favorable attitude toward health and/or welfare programs.

SC2. Anti-social programs - response contains reference to an unfavorable attitude towards health and/or welfare programs.

6. Party affiliation - response contains reference to partisanship, party lines, or to either the Republican or Democratic party.

Criteria for placement in second digitSubcategory (SC): Specific area

SC1. Important

SC2. Unimportant

7. Legislation being considered - response contains reference to a bill or pending legislation; either specifically, or in general.

Criteria for placement in second digitSubcategory (SC): Specific area

SC1. Author - response contains reference to sponsor of legislation, or to someone who "carries" legislation.

SC2. Legislation itself - response contains reference to the nature of the legislation or the type of the legislation.

SC3. Maturity of the bill - response contains reference to the novelty of the idea behind the legislation, or reference to how many times the legislation has come before the general session for a vote.

SC4. Federal mandates - response indicates the legislation was required by federal law.